# <https://www.researchgate.net/publication/317292961_Continuous_Quality_Improvement_CQI>

Retrieved March 10th, 2020

# Continuous Quality Improvement (CQI)

* CQI is the process of collecting data about a particular practice or service to benchmark performance, track and validate indicators that affect outcomes, and recognize problems in processes and management.
* CQI is a culture of never-ending improvement of the whole system as part of normal daily activity, continually striving to act according to the best available knowledge.
* The assumption behind quality measurement is that unless we learn something about what we are doing, we are unlikely to know that it needs improving or how to improve it.
* Measurement alone, however, is not useful – it must be associated with a CQI approach.

CQI is a process improvement approach for helping organizations identify and resolve inefficient and ineffective processes through problem solving and pilot-testing change strategies. There are several CQI processes for organizations that cover a wide range of activities. As organizations have unique structures, histories, and challenges that influence the change process, they need to consider these intra- and inter-organizational factors when making decisions regarding what kind of quality improvement process will work best

# PDSA: Plan -> Do -> Study -> Act

#

A number of models and cycles can be used to apply CQI on an ongoing basis. One of the most commonly used approaches is the Plan-Do-Study-Act (PDSA) cycle. PDSA enables testing of changes on a small scale to determine if they are beneficial. Each small improvement builds knowledge and confidence and enables continued reflection on the quality of the practice.

1. *Plan*: identify what is not working well and identify a goal to work towards,
2. *Do*: implement specific steps to work towards the identified goal,
3. *Study*: reflect on the outcomes and results of the process, and
4. *Act*: adopt, abandon, or adapt new practices.



## Definitions

* Continuous quality improvement or CQI is a process that, when effectively implemented, can better ensure that a set of desired practices are delivered in the manner they were intended, continuously and over time.
* Quality Assurance (QA) is an audit process that examines practices for the purposes of identifying and correcting divergence from policy or protocol
* Performance indicators are a tool that can be used in the CQI and QA process

## Goals of the CQI Process

* Create and nurture a work environment that is characterized by an ongoing desire to learn and improve
* Identify those practices that are working well
* Identify those practices in need of attention and determine the specific enhancements that are needed to support improvements in the quality of service delivery (e.g., staff recruitment; training; coaching; technological advancements; the use of incentives; etc.)
* Improve outcomes

## Underlying Principles

In order to be effective CQI processes should be:

* Simple to administer
* Integrated into existing processes and technologies
* Focused on improvement
* A means to identify and measure success
* The responsibility of the entire organization

## Continuous Quality Improvement & Corrections

An effective CQI process can help the justice and corrections system achieve important outcomes such as the following:

* Increased staff skills
* Increased staff satisfaction
* Improved confidence in the services delivered
* Enhanced fiscal responsibility
* Better public safety outcomes

**Example of a process:**

* *Plan:* Each site learned about the features of Case Management, including key principles such as providing positive incentives with a point system.
* *Do:* Each site designed their own protocol to fit within the organizational context. At this stage, sites created their own point system and mechanisms by which participants could earn positive incentives.
* *Study:* Each site received feedback from researchers on how well their individual protocols aligned with the principles of Case Management. Common areas of difficulty were when to reward participants and what behaviours to reward them for.
* *Act:* Each site refined their protocols based on a re-examination of the principles of Case Management. Using information gained in the *study* phase, sites redesigned their protocols to align with Case Management. For many sites, this meant reducing the number of behaviours they focused on and improving point systems to ensure that reward distribution occurred early and frequently.

## CQI Plan – The First Step

A CQI plan consolidates the objectives, activities, measures, structures, processes, and methods used to ensure that the resources and practices employed are achieving the desired outcome. It does not need to be complicated or long. In fact, shorter and simpler is usually better. The complexity is in determining what exactly the focus of the CQI process should be. To ensure that attention is paid to the most critical objectives and activities.

1. Identify the core mission or desired outcomes of the organization
2. Identify the objectives & activities that are fundamental to achieving the mission / outcomes
3. Define the CQI goal for each objective or activity - focus on effectiveness, efficiency & consistency
4. Determine the CQI measurement target. Each CQI goal and objective must have a clear target and statement that describes what the process is designed to measure
5. Determine the CQI process/method (see “Performance indicators” below)
6. Develop a structure to deliver the CQI processes (i.e. policies, procedures, forms, training, assignment of personnel to the CQI activities)

## Processes

The processes that are used when implementing CQI plans should be appropriate for the area that is to be monitored. Some examples include:

* Case audits
* Direct observation
* Video taping
* Audio taping
* Checklists
* Surveys
* Focus groups
* Exit surveys
* Pre / post testing
* Statistics / performance indicators

## PDSA: What Next?

* *Plan*: Identify what is not working well
* *Do*: implement specific steps to work towards the identified goal if you are not achieving it
* *Study*: reflect on the outcomes and results of the process
* *Act*: adopt, abandon, or adapt new practices & start all over again

# Performance indicators

## What?

It is important to remember that performance indicators are just that: "indicators". They are not proof. They are used to "indicate" that something is going on - it is up to us to interpret what that something is, and why it is happening.

The emphasis of performance indicators should be on performance as distinct from intention, and on indicators as signals or guides, rather than absolute measures. They are designed to monitor the performance of a facility on a continuous basis.

There is a distinction between performance measures and performance indicators.

1. **A Performance Measure** is a numerical result obtained by counting and can be a measure of input, output or outcome

2. **A Performance Indicator** is the relationship between two or more measures

• the number of assaults per annum is a measure

• the number of assaults per annum as a percentage of the inmate population is an indicator

The indicator is more meaningful than the measure and is a better basis of comparison, either between locations, or from year to year.

A performance indicator should also be looked at in relation to a performance standard. This can be a maximum standard, a minimum standard or a target to be achieved.

## Why?

Performance indicators can be used internally to provide a general overview of trends, to monitor the use of the service, to compare services within a network and to identify major differences from the norm or externally to demonstrate the value and scale of the activities at that location.

Indicators can also assist in budget preparation and justification and, if done properly, can help to motivate your staff. Also simply by focusing the staff's attention on service quality and organizational effectiveness, the results will be an increase in quality.

## How?

Just as in the strategic planning process, performance indicators should arise out of an examination of what the organization's business is. Therefore, the goals will arise naturally out of the mission statement. The difference between the two is that strategic planning is designed more to deal with possible changes either in processes or the environment, or innovations that may be planned, whereas performance indicators look more at the day to day business of the organization and how it is performing. Strategic planning is looking at the future, performance indicators are looking at today.

The full process of devising performance indicators consists of:

1. Define a mission statement
2. Define the current goals of the organization in order to fulfil this mission statement.
3. Decide on what strategies are required to fulfil these goals.
4. Describe what are the intended outputs or outcomes as a result of these strategies.
5. Devise performance indicators to measure how well these outputs/outcomes are being met. Clearly state how these indicators will be calculated
6. Decide on how and how often the indicators will be measured (eg. statistics, survey, observation) and decide on targets to be reached. List these in a table
7. Report and revise indicators.

Alternatively, for those who want to short cut the process, the following can be done:

1. List the services/activities in your organization that:
	1. you would like more information on;
	2. you continually have problems with;
	3. your management requires information on;
	4. you think would best illustrate the advantages or deficiencies of the organization
2. List the tasks involved in these services/activities
3. Decide on how to measure effectiveness/efficiency of tasks and how often (what methods will be used, what calculations will be done etc.) and decide on targets to be reached.
4. Report and revise indicators.

## When?

How and how often indicators are collected will depend on the type of information required, and the method in which the data can be compiled.

Indicators should be reviewed and reported on at least annually. This is essential as you do not want to collect meaningless data, and it may be that something you thought was important to know about once may no longer be necessary. Alternatively, the data may be too difficult to collect, and not worth the time and effort expended. Any reports you generate, as a result of this process, should be passed on to senior management.

# CQI PLAN

Example:

|  |
| --- |
| **Mission:** **To** deliver effective and efficient services to ensure the safe, secure and humane management of offenders in correctional centres to meet CSNSW commitment of reducing re-offending and enhancing community safety. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **What: Activity** | **How: Process** | **How often / Who** | **Target** |
| 1. Effective resource management
 | * Monitor budget to ensure no overspending
 | * Audit monthly budget report
 | * Monthly (GM)
 | * Actual spending within budget
 |
| * Manage staff absences
 | * Audit staff absences
 | * Monthly (GM)
 | * Staff absence <5% per shift
 |
| 1. Safe, secure and humane management of offenders in custody
 | * Ensure compliance with security policy & procedures
 | * Incident & assault statistics
 | * Monthly (GM)
 | * < 1% staff involved in incidents
 |
| 1. Develop staff
 | * All staff participate in performance development system
 | * Audit LMS professional development plans
 | * 6 monthly (GM)
 | * >90% plans on track
 |
| 1. Effective and efficient interventions and programs addressing risk factors for reoffending
 | * Programs & education focus on criminogenic needs
 | * Case audit
 | * Annual (MOSP)
 | * Offenders top 3 criminogenic needs are addressed prior to discharge in 75% of cases
 |
| * LSIR assessment
 | * At Exit (MOSP)
 | * Drop in LSIR score over period of incarceration
 |
| * Statistics
 | * Monthly (SCEO)
 | * Course completions >50%
 |

|  |
| --- |
| **Mission:**  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **What: Activity** | **How: Process** | **How often / Who** | **Target** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |