

# G2. CONTINUOUS QUALITY IMPROVEMENT

- G2.1** Continuous Quality Improvement Process
- G2.2\*\*** Stakeholder Participation
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- G2.11\*** Corrective Action





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## ..... G2. CONTINUOUS QUALITY IMPROVEMENT (CQI) .....

**G2. The organization demonstrates a commitment to continuous quality improvement (CQI) through implementation of a comprehensive CQI system.**

***Interpretation (G2):***

*The organization's CQI process is organization-wide and involves each of its services, programs, and organizational units.*

## CONTINUOUS QUALITY IMPROVEMENT PROCESS .....

**G2.1 The organization describes in writing a well-defined process for assessing and improving its overall performance and for meeting standards that promote quality outcomes.**

***Interpretation (G2.1):***

*Organizations may find it useful to create a flow chart or other graphic tool to assist them in conceptualizing and communicating the interrelationships among the various elements of their CQI process.*

**Evidence of Compliance (G2.1)**

PRE-SITE  
Provide the written CQI document.

**G2.1.01**

**A written CQI document describes the organization's implementation of the processes and activities addressed throughout G2.**

***Interpretation (G2.1.01):***

*The written CQI document addresses the following:*

- a. stakeholder participation (G2.2);*
- b. long-term planning (G2.3);*
- c. short term planning (G2.4);*
- d. internal quality monitoring (G2.5);*
- e. case record review (G2.6);*
- f. outcomes measurement (G2.7);*
- g. measurement of consumer satisfaction (G2.8);*
- h. feedback mechanisms (G2.9);*
- i. information management (G2.10); and*
- j. corrective action (G2.11).*

*(continued on next page)*



<p><b>Evidence of Compliance (G2.1.01)</b></p> <p>PRE-SITE The team will review the written CQI document that is provided for G2.1.</p> <p>ON-SITE The team will interview the chief executive officer or his/her designee and the person with overall responsibility for the organization's CQI efforts.</p>	<p><b>Rating Indicators (G2.1.01)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but two of the elements are not fully addressed in the CQI document.</li><li>3 Three of the required elements are not fully addressed in the CQI document; or two or more elements are not addressed at all.</li><li>4 A written CQI document has not been developed, or is wholly inadequate; or four or more of the required elements are not sufficiently addressed; or three or more of the elements are not addressed at all.</li></ol>
<p><b>G2.1.02</b></p> <p><b>The written CQI document:</b></p> <ol style="list-style-type: none"><li>a. describes the organization's CQI activities;</li><li>b. assigns responsibility for conducting and coordinating CQI activities;</li><li>c. specifies timeframes;</li><li>d. describes stakeholder involvement;</li><li>e. defines methods for monitoring and reporting results; and</li><li>f. describes feedback mechanisms and corrective action.</li></ol>	
<p><b>Evidence of Compliance (G2.1.02)</b></p> <p>PRE-SITE The team will review the written CQI document that is provided for G2.1.</p> <p>ON-SITE The team will interview the chief executive officer or his/her designee and the person with overall responsibility for the organization's CQI efforts.</p>	<p><b>Rating Indicators (G2.1.02)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way; or one of the required elements is not fully addressed.</li><li>3 Practice requires significant improvement; or two elements are not fully addressed; or one element is not addressed at all.</li><li>4 The organization does not comply with the standard; or three or more elements are not fully addressed; or two or more elements are not addressed at all.</li></ol>
<p><b>G2.1.03</b></p> <p><b>The CQI document is annually updated and reviewed by senior management and the governing body.</b></p>	
<p><b>Evidence of Compliance (G2.1.03)</b></p> <p>ON-SITE The team will interview the chief executive officer or his/her designee and the person with overall responsibility for the organization's CQI efforts, and review governing body minutes that address governing body review of the CQI document.</p>	<p><b>Rating Indicators (G2.1.03)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, and the CQI document is annually updated and approved by senior management and the governing body, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 Senior management or the governing body do not approve the CQI document; or the plan is not regularly updated.</li></ol>



# STAKEHOLDER PARTICIPATION\*\*

## G2.2 Representatives from all stakeholder groups, including persons served, personnel from all levels of the organization, and other stakeholders, participate in the CQI process.

Evidence of Compliance (G2.2)	Rating Indicators (G2.2)
<p>ON-SITE The team will review documentation of stakeholder input, e.g., minutes and agendas of stakeholder meetings, and will interview the person with overall responsibility for the organization's CQI efforts.</p>	<ol style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li> <li>3 Practice requires significant improvement, e.g., a significant stakeholder group is excluded.</li> <li>4 The organization does not comply with the standard.</li> </ol>

### Interpretation (G2.2):

All phases of the CQI process emphasize participation, communication, and cooperation. The participation of stakeholders is fundamental to a well-designed and implemented CQI process. Stakeholders include:

- persons and families served;
- employees, volunteers, and consultants;
- members of the governing body and advisory boards;
- consumer advocates;
- funders; and
- others.

### Ways that stakeholders can be involved in the CQI process

Some important ways that stakeholders can be involved in the organization's CQI process include opportunities to participate in the following:

- defining the organization's mission and values;
- identifying quality improvement goals;
- choosing service outcomes;
- helping set the organization's long-term direction; and/or
- reviewing the organization's overall performance in relation to established expectations.

### Mechanisms for engaging stakeholders in the CQI process

With **personnel**, organizations often use a task-oriented team approach to identify, analyze, and address problems, issues, and opportunities.

With **non-personnel stakeholders**, organizations often use focus groups and/or task-oriented work groups to obtain input and feedback.

Organizations may find it useful to use any or all of the following mechanisms to engage stakeholders in the CQI process:

- surveys;
- public hearings;
- planning groups;
- advisory boards;
- task forces; and
- technological resources, such as web sites.

Whatever method or methods used, the organization must demonstrate that input from all stakeholder groups is actively solicited and that mechanisms are in place to ensure their meaningful participation.



## LONG-TERM PLANNING\*

### G2.3 The organization engages in organization-wide long-term planning.

#### *Interpretation (G2.3):*

*For the purposes of these standards, “long-term planning,” and “strategic planning” are synonymous.*

#### **G2.3.01**

**At least every four years, the organization conducts an organization-wide, long-term, strategic planning review that:**

- a. clarifies the organization’s mission, values, and mandates;**
- b. establishes goals and objectives that flow from its mission and mandated responsibilities;**
- c. assesses its strengths and weaknesses;**
- d. assesses human resource needs; and**
- e. identifies and formulates strategies for meeting identified goals.**

#### *Interpretation (G2.3.01):*

*The organization’s governing body must review and approve the long-term plan.*

#### **Evidence of Compliance (G2.3.01)**

##### PRE-SITE

Provide the current long-term plan; provide governing body minutes that address governing body review of the long-term plan.

Organizations on a three-year accreditation cycle: If two consecutive accreditation reviews fall between long-term planning reviews, provide a schedule indicating when the next long-term planning review will be conducted.

##### ON-SITE

The team will interview the chief executive officer and members of the governing body.

#### **Rating Indicators (G2.3.01)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but one of the required elements is not fully addressed.
- 3 Two of the elements are not fully addressed; or one of the elements is not addressed at all.
- 4 Three or more of the elements are not fully addressed; or two or more of the elements are not addressed at all; or long-term planning is not conducted; or the overall review is grossly inadequate in relation to the scope and complexity of the organization’s services.

#### **G2.3.02**

**Long-term planning includes an assessment of community needs that examines:**

- a. services offered by other providers in the community;**
- b. gaps in the array of services needed by the organization’s defined service population;**
- c. accessibility issues; and**
- d. the need to redirect, eliminate, and/or expand service in response to changing demographics and the needs and wishes of the community.**

#### *Interpretation (G2.3.02):*

*To enhance its own assessment, organizations may draw upon the findings of other external needs assessments, such as those conducted by the United Way, municipal planning boards, universities, or other organizations with a community-wide focus. Organizations with closed referral systems, i.e., those that contract with public or other agencies and only serve persons and families that are referred by the contractor agency, should use the assessment of community needs to inform the contractor about changes in the service environment.*

*(continued on next page)*



<p><b>Evidence of Compliance (G2.3.02)</b></p> <p>PRE-SITE The team will review the current long-term plan that is provided for G2.3.01.</p> <p>Organizations on a three-year accreditation cycle: If two consecutive accreditation reviews fall between long-term planning reviews, provide a schedule indicating when the next assessment of community needs will be conducted.</p> <p>ON-SITE The team will interview the chief executive officer and members of the governing body.</p>	<p><b>Rating Indicators (G2.3.02)</b></p> <ol style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but one of the required elements is not fully addressed.</li> <li>3 Two of the required elements are not fully addressed; or one of the elements is not addressed at all.</li> <li>4 Two or more of the required elements are not fully addressed; or two or more of the elements are not addressed at all; or long-term planning is not conducted.</li> </ol>
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### G2.3.03

**Once every long-term planning cycle, the organization creates a demographic profile of both its defined community and actual consumers that includes the following:**

- a. annual household income;
- b. gender;
- c. age;
- d. racial/ethnic composition;
- e. religious affiliation, as appropriate to the services provided; and
- f. language of choice.

***Interpretation for Canadian Organizations (G2.3.03):***

*Demographic data are to be collected in accord with applicable law or regulation.*

<p><b>Evidence of Compliance (G2.3.03)</b></p> <p>PRE-SITE The team will review the Community Profile.</p> <p>ON-SITE The team will interview the chief executive officer and members of the governing body.</p>	<p><b>Rating Indicators (G2.3.03)</b></p> <ol style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but one of the required elements is not fully addressed.</li> <li>3 Two of the elements are not fully addressed; or one of the elements is not addressed at all.</li> <li>4 Three or more of the elements are not fully addressed; or two or more of the elements are not addressed at all.</li> </ol>
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## SHORT-TERM PLANNING

**G2.4 Each of the organization’s programs or services annually conducts short-term planning in support of the organization’s long-term plan.**

***Interpretation (G2.4):***

*Short-term planning is staff-driven, and operationalizes the goals and objectives of the organization’s long-term strategic plan.*

<p><b>Evidence of Compliance (G2.4)</b></p> <p>PRE-SITE Provide current short-term plans for each of the organization’s programs or other service unit (e.g., division or department).</p>
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### **G2.4.01**

**Each of the organization's programs or services annually develops a short-term plan that:**

- a. supports the organization's long-term goals;**
- b. responds to feedback from all CQI activities; and**
- c. permits a flexible response to changing conditions and needs.**

#### **Evidence of Compliance (G2.4.01)**

PRE-SITE  
The team will review short-term plans that are provided for G2.4.

ON-SITE  
The team will interview the chief executive officer and program directors.

#### **Rating Indicators (G2.4.01)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

### **G2.4.02**

**Short-term plans address:**

- a. short-term goals and objectives, including budgetary objectives for the program or service;**
- b. methods of assessing progress toward goals and objectives and specific tasks to be carried out in support of these goals and objectives;**
- c. associated timelines; and**
- d. personnel designated to carry out identified tasks.**

#### **Evidence of Compliance (G2.4.02)**

PRE-SITE  
The team will review short-term plans that are provided for G2.4.

ON-SITE  
The team will interview program directors, and personnel.

#### **Rating Indicators (G2.4.02)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but one of the required elements is not fully addressed.
- 3 Two of the elements are not fully addressed; or one of the elements is not addressed at all.
- 4 Three or more of the elements are not fully addressed; or two or more of the elements are not addressed at all.

## **INTERNAL QUALITY MONITORING\***

**G2.5 The organization evaluates its systems and procedures and uses its findings to improve its performance.**

### **G2.5.01**

**The organization regularly examines its internal processes, including:**

- a. outreach, intake, assessment, and service delivery processes, to identify barriers and opportunities to serving any group within its defined service population; and**
- b. human resources deployment, training, and supervision.**

*(continued on next page)*



<p><b>Evidence of Compliance (G2.5.01)</b></p> <p>PRE-SITE Provide procedures for identifying barriers to, and opportunities for, serving groups within the service population, and for examining human resources deployment, training, and supervision; include reports or other material describing results.</p> <p>ON-SITE The team will interview the person responsible for CQI activities.</p>	<p><b>Rating Indicators (G2.5.01)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>
<p><b>G2.5.02</b></p> <p><b>At least annually, the organization conducts risk management reviews that assess areas of overall risk to the organization, including:</b></p> <ol style="list-style-type: none"><li>a. review of research involving program participants; and</li><li>b. review of compliance with legal requirements including licensing and mandatory reporting laws.</li></ol>	
<p><b>Evidence of Compliance (G2.5.02)</b></p> <p>PRE-SITE The team will review the relevant portion of the CQI document that is provided for G2.1; provide procedures related to each of the listed risk management reviews; the team will review the annual risk management report that is provided for G2.9.01(b).</p> <p>ON-SITE The team will interview the chief executive officer and other appropriate personnel.</p>	<p><b>Rating Indicators (G2.5.02)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard and conducts an assessment of overall risk and an analysis of patterns, but practice related to one of the elements could be strengthened in some minor way.</li><li>3 Practice related to both elements could be strengthened in some minor way; or practice related to one of the elements requires significant improvement, e.g., practice regarding the assessment of overall risk and/or the analysis of patterns is not comprehensive. The organization may be at risk related to the above deficiencies.</li><li>4 One of the required risk management reviews is not conducted at all; or the organization is clearly at risk due to inadequate review processes.</li></ol>
<p><b>G2.5.03</b></p> <p><b>At least quarterly, the organization conducts a risk management review of the use of service modalities or other organizational practices that involve risk or limit freedom of choice, including:</b></p> <ol style="list-style-type: none"><li>a. the use of restrictive behavior management interventions such as seclusion and restraint; and</li><li>b. all cases where a person served was determined to be a danger to himself/herself or others.</li></ol>	
<p><b>Evidence of Compliance (G2.5.03)</b></p> <p>PRE-SITE Provide procedures that address the quarterly risk management review of service modalities that involve risk or limit freedom of choice; provide reports for the last two quarters.</p> <p>ON-SITE The team will interview the chief executive officer and other appropriate personnel.</p>	<p><b>Rating Indicators (G2.5.03)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard and conducts an assessment of overall risk and an analysis of patterns, but practice or procedure could be strengthened in some minor way.</li><li>3 Practice requires significant improvement. The organization may be at risk related to deficiencies in meeting the standard.</li></ol> <p style="text-align: right;"><i>(continued on next page)</i></p>



	<p>4 The organization does not comply with the standard; or the organization is clearly at risk due to inadequate review processes.</p> <p>NA The organization does not use any service modality or practice that involves risk or limits freedom of choice.</p>
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### G2.5.04

**At least quarterly, the organization conducts a review of all grievances, incidents, or accidents involving persons served or personnel, including, but not limited to:**

- a. review of issues related to administering, dispensing, or prescribing medications, when appropriate; and**
- b. review of environmental risks.**

***Interpretation (G2.5.04):***

*The review of grievances includes, but is not limited to, union grievances, harassment claims, discrimination claims, and privacy restrictions, including phone and mail restrictions.*

<b>Evidence of Compliance (G2.5.04)</b>	<b>Rating Indicators (G2.5.04)</b>
<p>PRE-SITE Provide procedures related to each of the listed risk management reviews; provide reports for the last two quarters that summarize the organization's review of grievances, accidents, and incidents.</p> <p>ON-SITE The team will interview the chief executive officer and other appropriate personnel.</p>	<ul style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.</li><li>3 Practice requires significant improvement. The organization may be at risk related to related deficiencies.</li><li>4 The organization does not comply with the standard; or the organization is clearly at risk due to inadequate review processes.</li></ul>

### G2.5.05

**The organization integrates the findings of external review processes, including audits, accreditation activities, licensing, and other reviews into its CQI process.**

<b>Evidence of Compliance (G2.5.05)</b>	<b>Rating Indicators (G2.5.05)</b>
<p>PRE-SITE Provide a list of relevant external review processes and a description of how findings are integrated into the overall CQI process; indicate personnel responsible for the various components; provide copies of reports and summary results of such processes.</p> <p>Organizations undergoing reaccreditation: Submit a copy of the Preliminary Accreditation Report for the last accreditation cycle. Highlight areas indicated as needing remediation and include corrective action plans.</p> <p>ON-SITE The team will interview the chief executive officer and other appropriate personnel.</p>	<ul style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ul>



## CASE RECORD REVIEW\*

### G2.6 At least quarterly, the organization conducts case record reviews.

#### G2.6.01

**At least quarterly, each of the organization's services reviews a sample of open and closed cases that includes a representative sample of high-risk cases.**

**Interpretation (G2.6.01):**

*Case record reviews must be conducted for each service. If a service has less than 100 consumers, the organization must review 100% of its service population per year. If a service has 100 or more consumers, the organization must review 100 cases per year or a representative sample using the sampling chart found on COA's website at [www.coanet.org](http://www.coanet.org). All samples must be drawn at random using valid sampling techniques. COA's website provides a link to a table of random numbers and sampling instructions, for convenience. Records from all program or unit sites must be sampled. Additionally, sites or populations at high-risk as defined by the organization (e.g., residential services or financial management/debt counseling) **must** be included in the organization's sample.*

**Evidence of Compliance (G2.6.01)**

PRE-SITE  
Provide quarterly record review procedures; include a description of sampling methodology.  
ON-SITE  
The team will interview the person responsible for CQI activities, and personnel.

**Rating Indicators (G2.6.01)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g., the organization occasionally skips a quarter.
- 3 Practice requires significant improvement, e.g., record reviews do not examine closed cases; or the organization does not follow its sampling methodology.
- 4 The organization does not comply with the standard.

#### G2.6.02

**Personnel who conduct case record reviews evaluate the presence or absence of required documents, and the clarity and continuity of such documents, which include, but are not limited to:**

- a. assessments;
- b. service plans;
- c. appropriate consents;
- d. progress or case notes or summaries;
- e. evidence of quarterly case supervision;
- f. relevant signatures;
- g. service outcomes; and
- h. aftercare plans.

**Interpretation (G2.6.02):**

*The organization should develop a case record review form that defines and tracks documents and elements and that is part of the case record.*

*(continued on next page)*



### **Evidence of Compliance (G2.6.02)**

PRE-SITE

Provide the forms used by each program or service for case record review, forms for collecting and aggregating data, and reports of results.

ON-SITE

The team will interview the person responsible for CQI activities and personnel involved in conducting reviews.

### **Rating Indicators (G2.6.02)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

## **G2.6.03**

**As part of the case record review process, the organization establishes criteria for evaluating the appropriateness and necessity, or effectiveness of the services provided to persons served.**

### **Interpretation (G2.6.03):**

*Examples of criteria for evaluating the appropriateness or quality of the services include, but are not limited to: services needed and provided or obtained, length of service, changes in status or level, the need for continued service, and compliance with established timeframes.*

### **Evidence of Compliance (G2.6.03)**

PRE-SITE

Provide the forms used by each program or service for case record review, forms for collecting and aggregating data, and reports of results.

ON-SITE

The team will interview the person responsible for CQI activities and personnel involved in conducting reviews.

### **Rating Indicators (G2.6.03)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

## **G2.6.04**

**Written procedures for case record review ensure that workers and supervisors do not review cases in which they have been directly involved and that all professional disciplines involved in the provision of a service are represented in the review process.**

### **Interpretation (G2.6.04):**

*Participation in the review process via telephone is acceptable.*

### **Evidence of Compliance (G2.6.04)**

PRE-SITE

Provide record review procedures.

ON-SITE

The team will review case records and interview personnel.

### **Rating Indicators (G2.6.04)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g., in unusual circumstances, a representative of one of the disciplines involved in service provision does not participate in the review process due to vacation schedules or other unavoidable factors affecting availability.

*(continued on next page)*



	<p>3 Practice or procedure requires significant improvement, e.g., a representative of one of the disciplines involved in service provision frequently does not participate in the review processes; or in at least one instance, there has been evidence of a conflict of interest involving one of the persons involved in the review.</p> <p>4 The organization does not comply with the standard, e.g., in several instances, a conflict of interest was revealed; or the representation of all disciplines involved in service provision is the exception rather than the rule.</p>
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**OUTCOMES MEASUREMENT\*\***

**Note:** COA will change the designation of G2.7 from critical to mandatory within one year of publication of these standards.

**G2.7 The organization has an outcomes measurement system in each of its programs which evaluates individual progress and program effectiveness.**

<p><b>Evidence of Compliance (G2.7)</b></p> <p>PRE-SITE Complete the Outcomes Reporting Form for each of the organization's programs.</p> <p>Provide a description of all the organization's outcomes measurement activities, including activities required by governmental entities, funders, contracts, and others, a description of sampling methodology, a description of methods used to aggregate and analyze the data, and a sample of reports describing results.</p>	
<p><b>G2.7.01</b></p> <p><b>The organization, in each of its programs and on an ongoing basis, measures service outcomes and the achievement of service goals for all persons served, including at least one of the following:</b></p> <ul style="list-style-type: none"> <li><b>a. change in clinical status;</b></li> <li><b>b. change in functional status;</b></li> <li><b>c. health, welfare, and safety;</b></li> <li><b>d. permanency of life situation; and</b></li> <li><b>e. another quality of life indicator of the organization's choice.</b></li> </ul> <p><b>Interpretation (G2.7.01):</b></p> <p><i>The following services must measure outcomes in domain (a): S1, S2, S6, S9, S24, and S27. The following service, S10, must measure outcomes in domain (c). The following services, S14, S15, and S21 must measure outcomes in domain (d). All other services may choose whichever domain is relevant to them.</i></p>	
<p><b>Evidence of Compliance (G2.7.01)</b></p> <p>PRE-SITE The team will review the Outcomes Reporting Form provided for G2.7.</p> <p>ON-SITE The team will interview the person responsible for CQI activities.</p>	<p><b>Rating Indicators (G2.7.01)</b></p> <ul style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g., one of the organization's programs does not measure outcomes.</li> </ul> <p style="text-align: right;"><i>(continued on next page)</i></p>



	<p>3 Practice requires significant improvement, e.g., outcomes measurement is conducted on a sample of individual cases other than all cases.</p> <p>4 The organization does not comply with the standard.</p>
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### **G2.7.02**

**The organization uses standardized evaluation tools to gather and analyze outcomes for persons served whenever feasible.**

#### **Evidence of Compliance (G2.7.02)**

PRE-SITE  
The team will review Outcomes Reporting Form provided for G2.7.

ON-SITE  
The team will interview the person responsible for CQI activities and other personnel.

#### **Rating Indicators (G2.7.02)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.

### **G2.7.03**

**The organization aggregates and analyzes outcomes data for persons served for each of its programs to determine program effectiveness.**

#### **Interpretation (G2.7.03):**

*Each organizational program must review the results of all of its outcomes measurement activities to determine overall program effectiveness based on such issues as: the extent to which expected outcomes were achieved; whether or not defined expectations for high or low performance were met or exceeded; and the extent to which program modifications need to be made in response to findings.*

#### **Evidence of Compliance (G2.7.03)**

PRE-SITE  
Provide the most recent reports that summarize program effectiveness.

ON-SITE  
The team will interview the person responsible for CQI activities and other personnel and will review summarized data.

#### **Rating Indicators (G2.7.03)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or methodology could be strengthened in some minor way.
- 3 Practice or methodology requires significant improvement.
- 4 The organization does not comply with the standard.

## **MEASUREMENT OF CONSUMER SATISFACTION**

### **G2.8 The organization measures consumer satisfaction for all services.**

#### **Interpretation (G2.8):**

*There are a variety of ways that organizations collect consumer satisfaction data. Some organizations periodically measure satisfaction across a section of persons served at regularly defined intervals, such as every six months. Others measure satisfaction at discharge and conduct follow-up surveys six months and a year after discharge. COA expects the organization to determine for itself the approach that best meets its needs and to demonstrate that it has implemented a well-reasoned system for collecting such data. COA encourages, but does not require, organizations to assess the satisfaction of other stakeholders, as well.*

*(continued on next page)*



### G2.8.01

**The organization administers a consumer satisfaction survey to all persons served, or a statistically valid sample of persons served, and produces a report annually on the results.**

#### Evidence of Compliance (G2.8.01)

PRE-SITE  
Provide procedures for conducting consumer satisfaction surveys, including the dissemination of results; provide reports of results for all services.  
ON-SITE  
The team will interview the person with overall responsibility for the organization's CQI efforts, personnel, and persons served.

#### Rating Indicators (G2.8.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.
- 3 Practice or procedure requires significant improvement.
- 4 The organization does not comply with the standard.

### G2.8.02

**The organization uses a standardized survey instrument when feasible, and the survey instrument used:**  
**a. ensures anonymity;**  
**b. assesses basic satisfaction or dissatisfaction with the organization's personnel and services; and**  
**c. includes basic demographics.**

#### Interpretation (G2.8.02):

*Basic demographic information includes age, gender, and race/ethnicity, and identifies the organizational program in which the individual participates.*

#### Evidence of Compliance (G2.8.02)

PRE-SITE  
Provide survey instruments and a description of methodology.  
ON-SITE  
The team will interview the person with overall responsibility for the organization's CQI efforts.

#### Rating Indicators (G2.8.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or methodology could be strengthened in some minor way.
- 3 Practice or methodology requires significant improvement.
- 4 The organization does not comply with the standard.

## FEEDBACK MECHANISMS

**G2.9 The organization provides clear, accurate, and timely information regarding all aspects of the CQI process to its service recipients, governing body, personnel, and other stakeholders.**

### G2.9.01

**At least annually, the organization:**

- a. shares findings from its CQI processes with personnel, persons and families served, and other stakeholders; and**
- b. submits summary results of its planning and evaluation processes to the governing body and advisory board, as applicable.**

*(continued on next page)*



<p><b>Evidence of Compliance (G2.9.01)</b></p> <p>PRE-SITE Provide procedures and other material for sharing findings from the CQI process; include the annual report or summary reports.</p> <p>ON-SITE The team will interview the person with overall responsibility for the organization's CQI efforts.</p>	<p><b>Rating Indicators (G2.9.01)</b></p> <ol style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.</li> <li>3 Practice requires significant improvement.</li> <li>4 The organization does not comply with the standard.</li> </ol>
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**G2.9.02**

**Data from outcomes measurement and other CQI processes are distributed in a timeframe and form that are useful to all service providers, including direct service staff.**

<p><b>Evidence of Compliance (G2.9.02)</b></p> <p>PRE-SITE Provide procedures or other material describing the distribution of data to service providers.</p> <p>ON-SITE The team will interview personnel.</p>	<p><b>Rating Indicators (G2.9.02)</b></p> <ol style="list-style-type: none"> <li>1 The organization fully complies with the standard.</li> <li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.</li> <li>3 Practice requires significant improvement.</li> <li>4 The organization does not comply with the standard.</li> </ol>
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**INFORMATION MANAGEMENT**

**G2.10 The organization maintains the information that is necessary to effectively plan, manage, and evaluate its services.**

<p><b>G2.10.01</b></p> <p><b>Written procedures govern the management of information and the organization maintains a management information system that is capable of supporting its operations, planning, and evaluation activities.</b></p> <p style="text-align: right;"><i>(continued on next page)</i></p>
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<p><b>Evidence of Compliance (G2.10.01)</b></p> <p>PRE-SITE Provide a description of the management information system, including procedures.</p> <p>ON-SITE The team will interview the person with overall responsibility for the organization's COI efforts, and relevant personnel.</p>	<p><b>Rating Indicators (G2.10.01)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.</li><li>3 Practice or procedure requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>
<p><b>G2.10.02</b></p> <p><b>The management information system:</b></p> <ol style="list-style-type: none"><li>a. protects confidentiality;</li><li>b. is dependable; and</li><li>c. enables timely, and rapid access to information.</li></ol> <p><i>Interpretation (G2.10.02c):</i></p> <p><i>The management information system is capable of providing information without delay in emergency or crisis situations and within a timeframe that supports rather than hinders organizational decision-making and routine service-delivery functions.</i></p>	
<p><b>Evidence of Compliance (G2.10.02)</b></p> <p>ON-SITE The team will interview the person with overall responsibility for the management information system who will provide a demonstration of the system.</p>	<p><b>Rating Indicators (G2.10.02)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>
<p><b>G2.10.03</b></p> <p><b>The organization uses clear and consistent formats and methods for reporting and disseminating data.</b></p>	
<p><b>Evidence of Compliance (G2.10.03)</b></p> <p>PRE-SITE Provide a description of formats and methods used for reporting and disseminating data.</p>	<p><b>Rating Indicators (G2.10.03)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>



## G2.10.04

**The organization protects electronically maintained data as follows:**

- a. all computers have up-to-date anti-virus protection;**
- b. secure protocols, including the use of passwords and firewalls, govern the electronic collection and transfer of sensitive data; and**
- c. data are backed up daily.**

### Evidence of Compliance (G2.10.04)

ON-SITE

The team will interview the person with overall responsibility for the management information system who will provide a demonstration of the system.

### Rating Indicators (G2.10.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., data are backed up once per week.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.
- NA The organization does not maintain data electronically.

## CORRECTIVE ACTION\*

### G2.11 The organization takes continual action to improve services and promulgate solutions to the issues identified by its CQI activities.

#### *Interpretation (G2.11):*

*The organization cannot be rated as in compliance with G2.11 unless it is in compliance with one of the following standards: G2.5, G2.6, G2.7, or G2.8.*

### Evidence of Compliance (G2.11)

PRE-SITE

The team will review reports or minutes from risk management and/or CQI committees or teams, reports from quarterly record reviews, consumer satisfaction surveys, governing body minutes, and other documentation for evidence that corrective action was taken in response to identified problems or issues.

## G2.11.01

**The organization takes action based on the findings of its CQI processes to:**

- a. build on strengths;**
- b. eliminate or reduce identified problems;**
- c. determine possible causes when data reveal issues of concern;**
- d. promulgate solutions and replicate good practice; and**
- e. implement and monitor the effectiveness of corrective action plans, when indicated.**

*(continued on next page)*



<p><b>Evidence of Compliance (G2.11.01)</b></p> <p>PRE-SITE The team will review the evidence that is provided for G2.11.</p> <p>ON-SITE The team will interview the chief executive officer or his/her designee and the person with overall responsibility for the organization's CQI efforts.</p>	<p><b>Rating Indicators (G2.11.01)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>
<p><b>G2.11.02</b></p> <p><b>The organization revises policies and/or operational procedures, personnel assignments, personnel training, contracts, and programs according to recommendations of its CQI processes.</b></p>	
<p><b>Evidence of Compliance (G2.11.02)</b></p> <p>PRE-SITE The team will review the evidence that is provided for G2.11.</p> <p>ON-SITE The team will interview the chief executive officer or his/her designee, personnel, and the person with overall responsibility for the organization's CQI efforts.</p>	<p><b>Rating Indicators (G2.11.02)</b></p> <ol style="list-style-type: none"><li>1 The organization fully complies with the standard.</li><li>2 The organization generally complies with the standard, but practice could be strengthened in some minor way.</li><li>3 Practice requires significant improvement.</li><li>4 The organization does not comply with the standard.</li></ol>





## **A Suggested Approach to COA's Continuous Quality Improvement (CQI) Standards**

The following is a suggested approach to organize efforts to evaluate the organization's compliance with COA's CQI standards, and to develop a plan to address areas where additional work is needed. As many of the standards address processes that are organization-wide and may require the devotion of time and resources if processes are not yet in place, COA suggests that the organization begin work on the CQI standards immediately upon receipt of its Self-Study Manual.

- Step 1** Educate the staff and governing body about what CQI means for the organization and distribute copies of the CQI standards to all appropriate individuals.
- Step 2**
  - a. Identify or vest an individual with overall responsibility for the organization's CQI efforts.
  - b. Identify a CQI point person for each of the organization's administrative and service areas.
- Step 3** Have the individuals identified in Step 2 make a list of all organizational activities that could possibly fit under COA's CQI standards. The objective is to build upon and augment the organization's current activities rather than overlay a new structure on top of an existing one.
- Step 4**
  - a. Identify changes that need to be made to the organization's current activities to bring the organization into compliance with COA's CQI standards.
  - b. Identify activities required by COA's standards that currently are not being done.
- Step 5** Make a list of everything the organization needs to accomplish.
- Step 6** Create a map or flow chart that depicts the CQI activities that are currently in place. Such a graphic representation may help people develop a visual sense of the scope of existing activities and how the various CQI components — especially the piece or pieces in which they are directly involved — fit together into a whole.
- Step 7**
  - a. Convene teams or workgroups to develop the pieces that are not in place or that need improvement.
  - b. Create work plans that include timeframes.
- Step 8** Refer to the list mentioned in Step 5. Begin with the activity that is easiest to accomplish. An early success will build momentum and staff morale.
- Step 9** Be vigilant because time will pass quickly. Once the components are in place, regularly revisit and evaluate each of the processes and components.
- Step 10** Continue to educate staff about CQI and what it means for the organization.
- Step 11** Develop plans for stakeholder involvement, communication, and clearly defined roles and responsibilities, both during the development phase and on an ongoing basis once the various components are implemented.
- Step 12** Develop and implement staff training on process, tools, timeframes, roles, and responsibilities.
- Step 13** Implementation is very important. If the organization's CQI process is truly about improving services and not just a paper or pro forma exercise, then expectations must be clearly communicated to staff and implementation must be well executed. Otherwise the organization risks wasting its effort. CQI is not another thing the organization's employees do at work — it is how their work is done.
- Step 14** Create a CQI calendar that includes all ongoing CQI activities: meetings, deadlines, monthly/quarterly/annual reporting, record reviews, etc.

