



Performance & Quality Improvement

O v e r v e i w a n d P l a n



CAMELOT
SERVING OUR COMMUNITY SINCE 1972

Approved January 4, 2017

Table of Contents

Introduction 2

 Camelot Improvement Cycle 3

PQI Structure..... 4

 Clinical Support Coordinator..... 4

 State PQI Committee 4

Stakeholder Involvement..... 6

Model of Change..... 9

 PLAN..... 10

 DO 10

 CHECK..... 10

 ACT 10

Improvement Plans..... 11

Areas of Measurement 12

Audit Process 16

 Regional Quarterly Peer Team Audit Procedures..... 16

 Monthly Regional Focused Audits 17



Introduction

Camelot Care Centers, Inc. is a for-profit corporation that is currently a wholly-owned subsidiary of Pathways by Molina. Camelot was founded by Dr. James Spicer in 1972 providing residential treatment services in Illinois, Tennessee and Florida. The company was named Camelot as a tribute to the possibility of human achievement. Camelot has been purchased by three larger companies after Dr. Spicer retired in 1997. The most recent acquisition was in November of 2015 by Molina Healthcare, Inc. Since separating from the residential treatment facilities in 2001, Camelot's mission has been focused on providing services in the least restrictive environment and providing "services without walls."

Camelot provides a wide range of mental health and therapeutic services to children, families, and adults. Through a contract with the Tennessee Department of Children's Services, Camelot provides therapeutic foster care continuum services. Through marketing and recruiting efforts, over 350 families have joined Camelot as foster parents for children within the custody of DCS. Camelot currently has the capacity to serve over 600 children in our care. Camelot also provides family, group, and couple's counseling, intensive in-home and care coordination services, and medication management services.

Having a statewide presence with over 19 offices divided into 7 regions, Camelot's services are vast and geographically unique; however, all team members are grounded in 6 core values and an evidence-based treatment modality, AIM Forward. The organization is committed to the following values: Excellence, Sustainability, Innovation, People-Centeredness, Fun, and Integrity. One of Camelot's highest values is that of Excellence. Excellence is achieved through commitment to a conscious and deliberate process of continually assessing and improving our organization.

In the fall of 2016, Camelot's leadership team conducted a Kanzen LEAN process to reconstruct our Performance and Quality Improvement Process. Previously, the process had begun to grow stale and was not providing the improvement and excellence the leadership was seeking. Camelot has also seen a five-year period of rapid growth, growing from a \$6 million company to over \$30 million in 2016. This growth also drove the need to ensure Camelot's processes continue to strive for excellence.

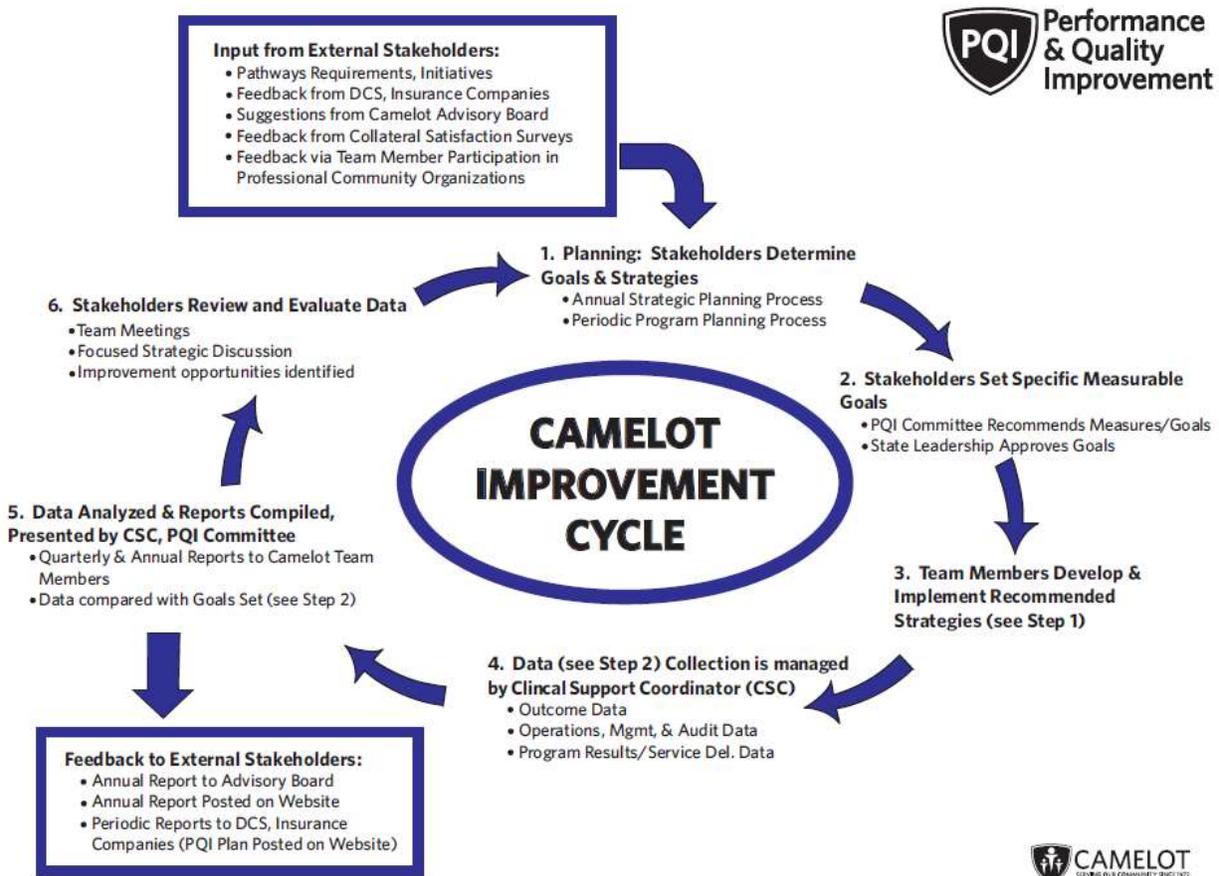
Guided by Camelot's mission of "Leaders in providing excellent and innovative human services," the lean team comprised of team members from each region and levels of the agency drafted this new PQI plan. The plan was initially submitted and approved at our quarterly regional leadership meeting on October 19, 2016. The next update to this plan should occur at the quarterly leadership meeting currently scheduled for October 18, 2017.

Camelot PQI Plan

The current plan is intended to provide an open supportive approach to PQI. Camelot is committed to a PQI Process in which the collection and reporting of performance data is part of a supportive and positive approach to fostering excellence rather than taking a punitive, negative approach. While the use of performance data enhances program and individual accountability, it is important to focus on supporting improvement rather than “punishing” shortcomings.

Camelot Improvement Cycle

An overview of the improvement cycle is shown below:



PQI Structure

Camelot's structure for PQI has evolved over the past several years. The core components have remained with updates to ensure peer and stakeholder involvement at all levels.

Clinical Support Coordinator

The PQI process is organized and maintained by the Clinical Support Coordinator. The PQI process surmises 50 percent of the CSC's total job responsibilities. The CSC is also responsible for overseeing the training division as well. We believe this provides the ideal tandem to ensure success and accountability. Topics and areas of need and improvement can be filtered into trainings for the team. The CSC is ultimately responsible for the following PQI activities:

- Organize the State PQI Committee by scheduling meetings, ensuring agenda development, preparing data reports from audits, surveys, and other relevant sources, and recruiting and diverse membership
- Train and lead the regional PQI peer audit teams in completing quarterly audits of each region. Audits conducted quarterly by region involve:
 - Foster Care and Prevention Chart Audits;
 - Employee Personnel Chart Audits;
 - Compliance Audits; and,
 - Foster Parent Chart Audits.
- Analyze and review all data received from focused audits, surveys, and quarterly peer team audits
- Monitor and track the focus audit process
- Develop and maintain the PQI plan, with all stakeholder input and involvement
- Produce and distribute the PQI Dashboard

State PQI Committee

The CSC works with state leadership to guide all PQI activities and staffs the state PQI committee process. The State PQI Committee is jointly co-chaired by the Chief Clinical Officer and the Chief Strategic Officer and is comprised of the following individuals at a minimum (At least 30% of membership must be present at a meeting):

- Chief Clinical Officer
- Chief Strategic Officer
- Clinical Support Coordinator
- Lead LRA
- Lead Care Coordinator/Lead NP
- A Regional Vice President/Regional Director
- Program Director

Camelot PQI Plan

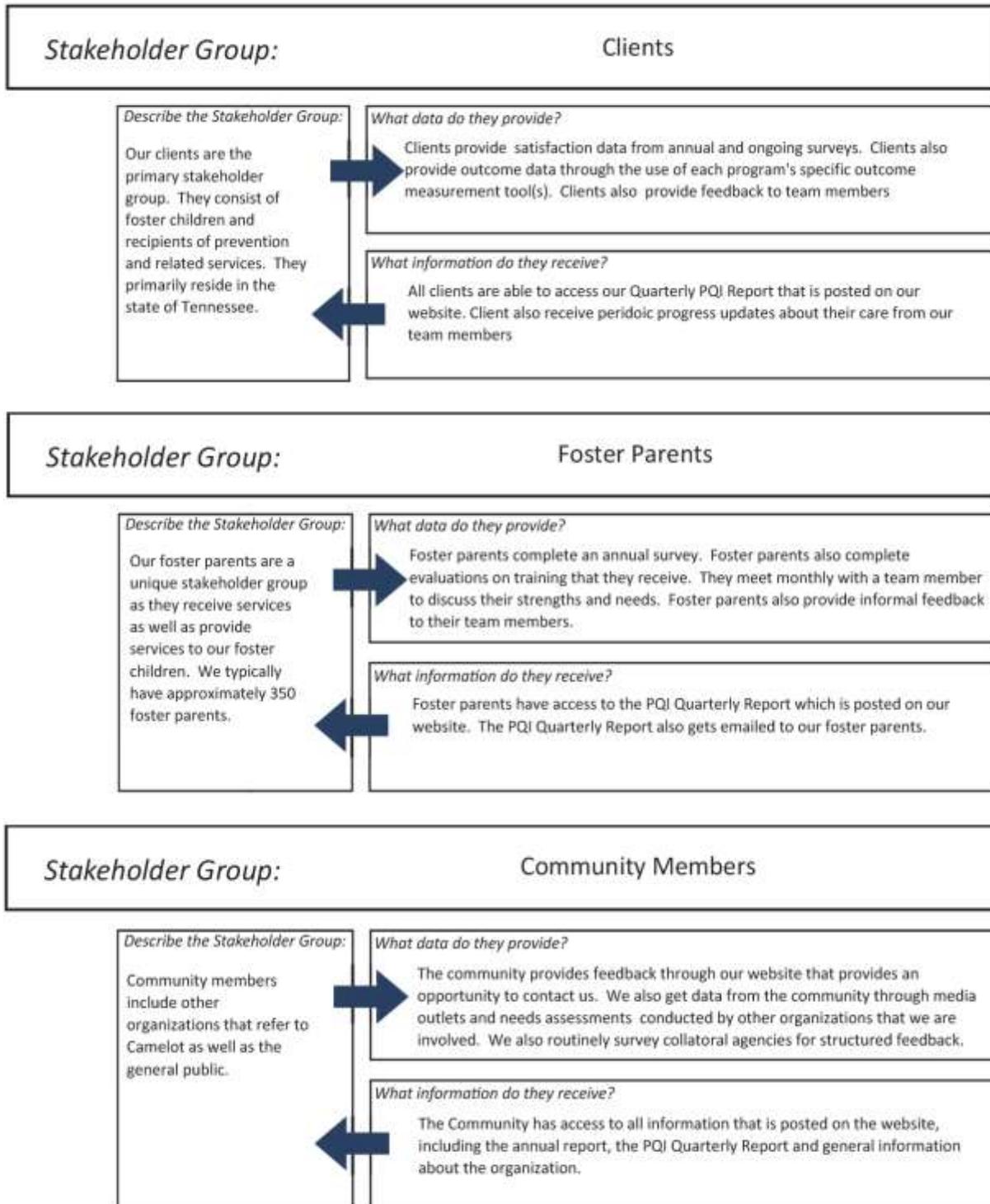
- Direct Service Staff Member

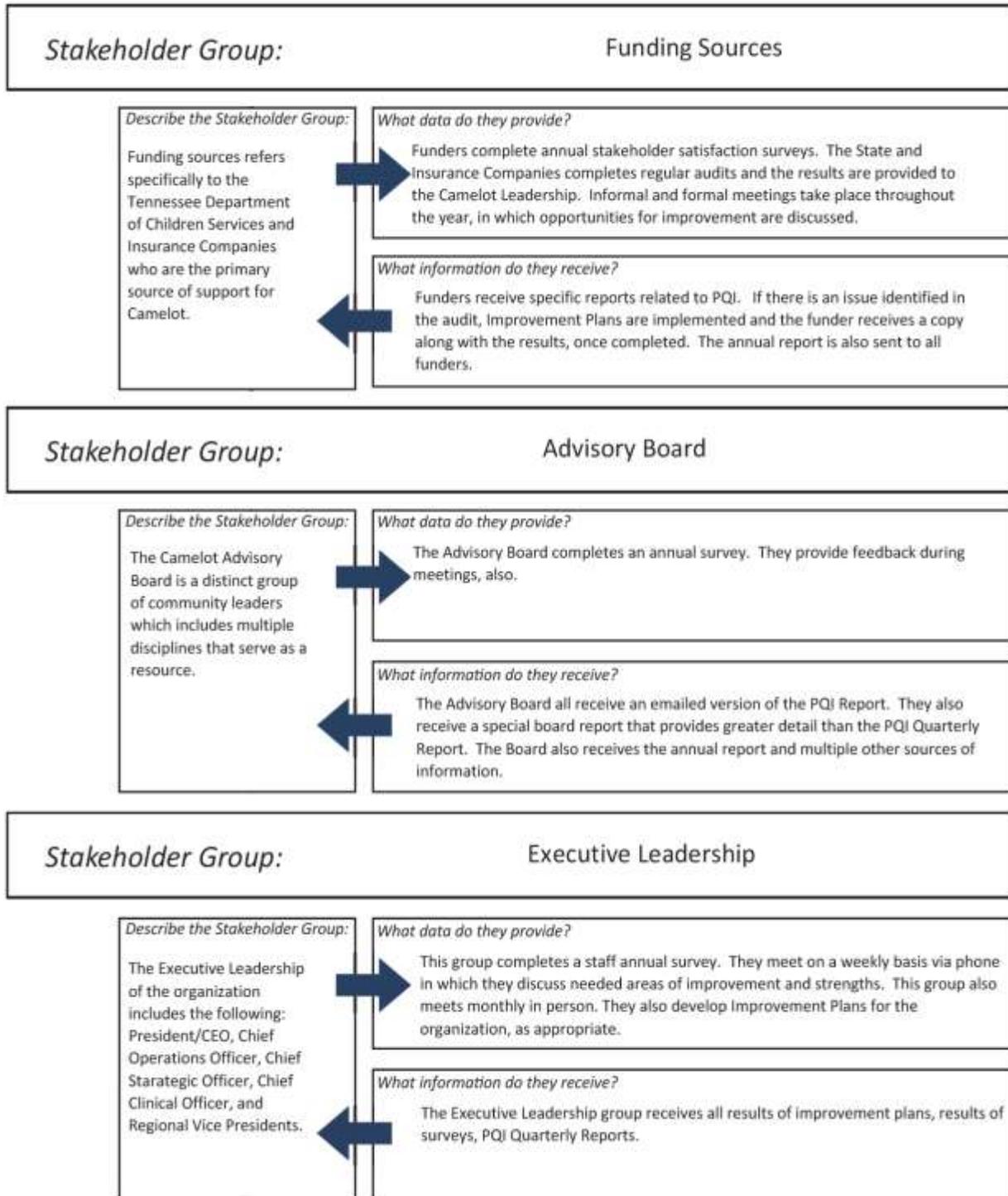
The state PQI committee meets on a monthly basis and should review the following information:

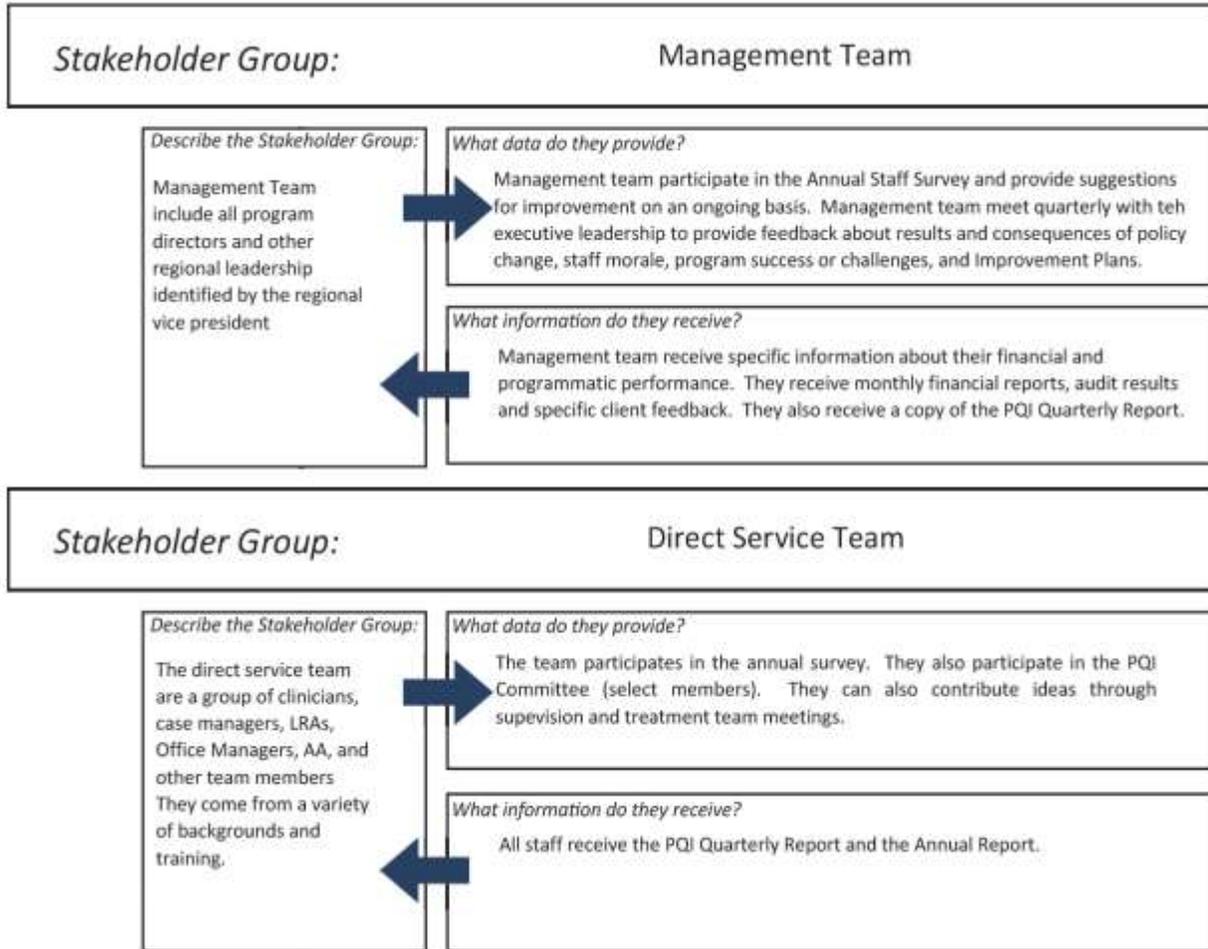
- Review the results of the previous month's quarterly regional peer audits and regional improvement plans
- Review the prior month's regional programmatic focused audits and improvement plans
- Review available survey results from stakeholders and QA calls.
- Make recommendations, provide feedback, and give incentives where applicable to regional leadership and teams.
- Update and preliminarily approve the PQI plan annually.

Stakeholder Involvement

Camelot relies heavily on stakeholder feedback and involvement for the PQI process. The following table demonstrates how stakeholders are engaged in the process at various levels.







Model of Change

When data indicates that a change is needed, Camelot utilizes a Plan, Do, Check and Act (PDCA) model.



This model is flexible enough to adapt to a multitude of situations and contexts. It provides the State PQI Committee and Clinical Support Coordinator enough structure and guidance to help develop and visualize Improvement Plans. Much of the data that Camelot receives is not indicative of change, but when it is, it is placed in an improvement plan and follows the PDCA model. The leadership team is made aware of the plan, progress and any challenges that are encountered. The Improvement Plans also have an area to document the results, even if they are not the desired/intended results or if the results are negative. Lessons learned is part of the completion of every improvement plan and is shared with the Leadership Team and the state PQI Committee along with management team. Regardless of the results, completed Improvement Plans are considered as progress. Completed and in-process Improvement Plans are maintained by the CSC on the state shared drive. In the event an Improvement Plan contains confidential information, it shared only with those who are appropriate to be exposed the information.

PLAN

During this phase of the Plan, Do, Check, Act Cycle, preparations are made in order to effectively make the change. This may involve gathering additional data and information to support the need for the project. If collaboration is required for the potential change, the Plan phase may involve committee meetings and the development of proposals and work plans. If it is a smaller change, the planning may simply involve brainstorming about the possible implications to other aspects of the organization. Near the end of the planning phase, a work plan is developed to identify specific objectives, responsibilities and indicators of success.

DO

During the Do phase, the work plan or proposal is acted upon. There should be a mechanism in place for follow up and regular reporting on the status.

CHECK

This phase allows for the work to be assessed. Those involved review the process and identify the positive aspects of the change and any negative aspects of the change. The group or individual responsible for the change compares the actual results to the expected results. Deviation from the expected result is noted. An assessment of how the change impacts the rest of the organization should also take place. Most importantly, it needs to be determined whether the change was successful or unsuccessful. Even if unsuccessful, the change still has some positive impact, even if that impact is simply a better understanding of the situation.

ACT

Once the team has determined if the change was an improvement from the baseline, or prior status, then that change is accepted as part of current practice. Camelot maintains the new practice or change. The leadership team will need to integrate this change into their current culture and environment. If the change was not a positive one, then the organization returns to the baseline way of operating. The organization, group or individual can start another Plan phase of the PDCA cycle to determine a different method to address the concern.

Improvement Plans

Improvement plans play an integral role in Camelot's Performance and Quality Improvement Plan. All programs and administration are expected to have an active Improvement Plan at all times. During each of the Process Reviews, the respective Program will develop a new Improvement Plan, if one is not in action. By continuously having Improvement Plans "in process," all aspects of the organization are constantly working to operate more effectively. Camelot has two distinct types of Improvement Plans: 1. Proactive Improvement Plans and 2. Corrective Action Improvement Plans. Proactive Improvement Plans are utilized when there has been an area of improvement for a specific program or department based on observation or data, although a specific incident requiring the change has not taken place. Corrective Action Improvement Plans are implemented when there has been an issue, audit result, or incident and action must take place to address the problem. Proactive Improvement Plans are preferred, however Camelot recognizes that Improvement Plans, regardless of type, are opportunities for progress.

Camelot sees most improvement plans through the form of monthly regional focused audits and/or the quarterly regional peer team audits. Specific forms have been created which include goals, objectives, interventions, etc. for these improvement plans. Additional guidance is provided in the appendix around these types of audits and the procedures. All of this information including the forms is included on the state shared drive.

Areas of Measurement

For each program at Camelot, there are four types of indicators that are collected: outputs, outcomes, quality indicators and administrative review.

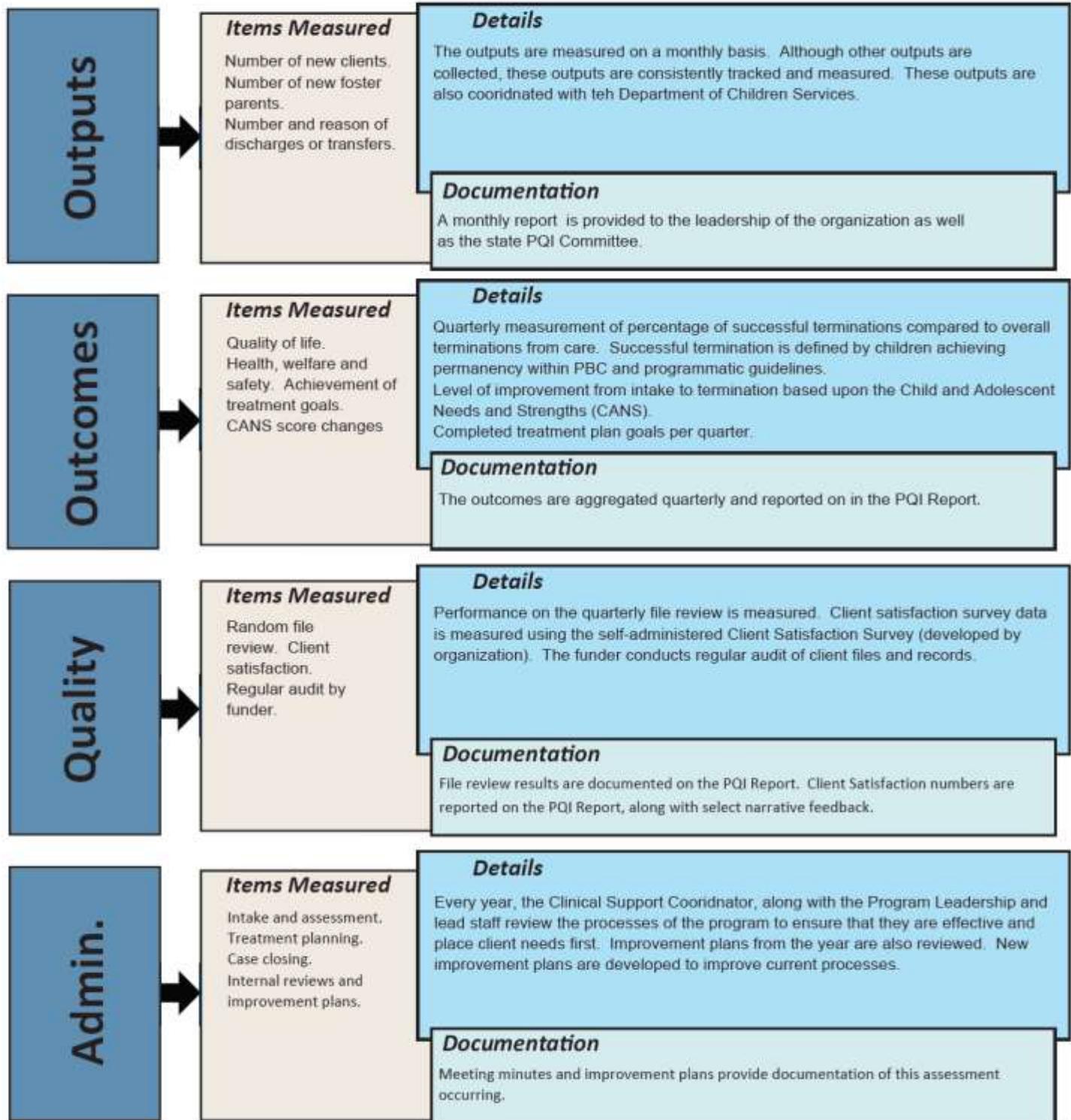
Typically, outputs look at the productivity of a program or department. It provides an indication of how much service is provided. Outcomes focus on whether or not the work that we conducted (outputs) actually created the change that was targeted.

Along with the indicators for program performance, Camelot measures the quality of services. The regional quarterly peer team audits conduct file review of current open and closed cases and is conducted to ensure that the quality of the work meets expectations, necessary components are included and clients are receiving services that are delivered in an ethical and appropriate manner. Results of the file review are summarized and included in the PQI Quarterly Report.

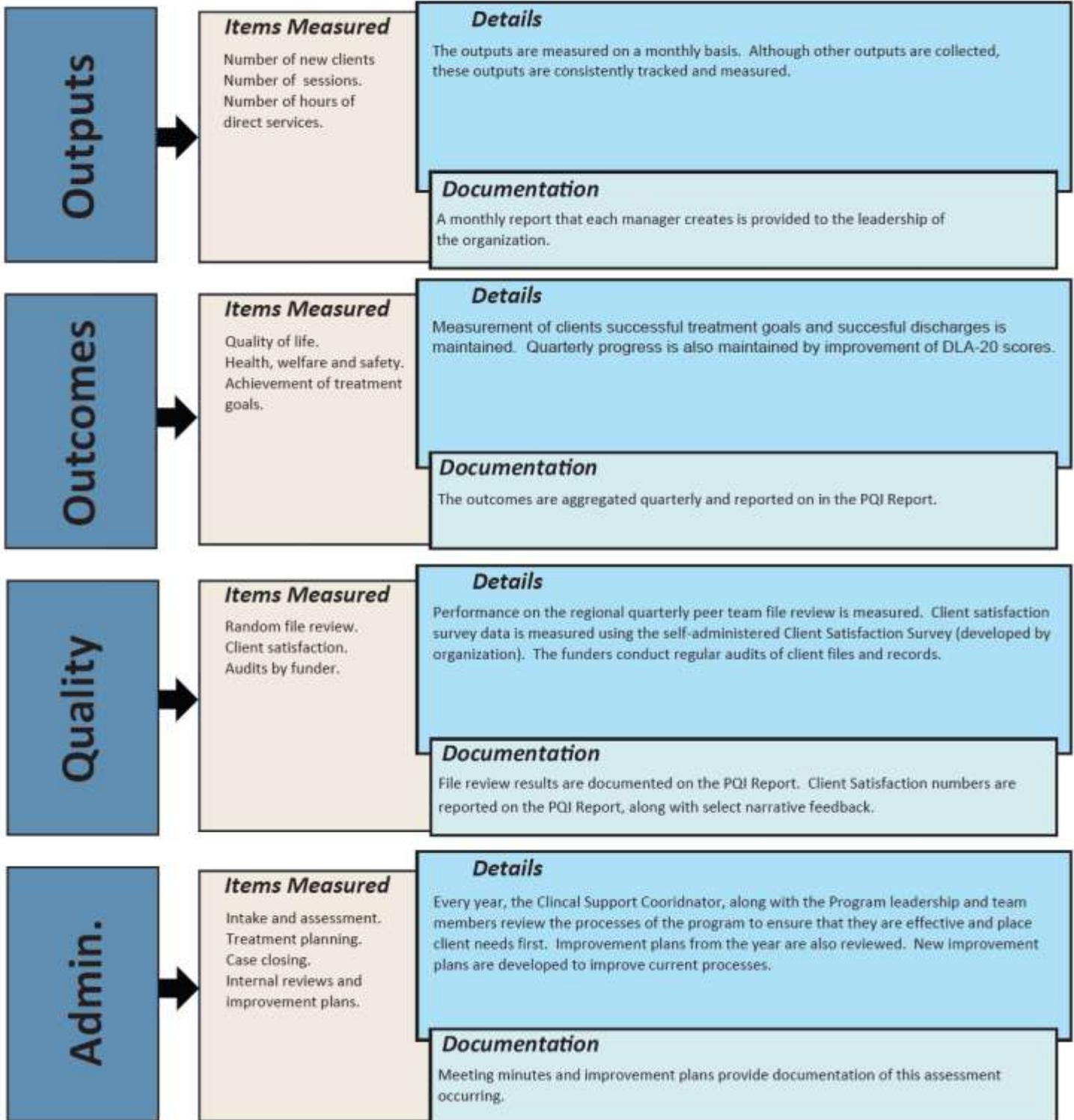
A process review occurs for services as well as administrative practices. The Process Review includes the State PQI Committee and the appropriate leadership from each respective program or region. During the process review, the state PQI Committee along with the appropriate team review data from the previous year and Improvement Plans. At minimum, at least one Improvement Plan must be completed to improve an aspect of the program or region.

See the following graphs for the different measures that each program or region collect.

Program/Project/Operation: The Foster Care Program 2017



Program/Project/Operation: Prevention Program 2017



Program/Project/Operation:

Organization's Administration

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Outputs</p>	<p>Items Measured</p> <p>Average staff turnover. Achievement of program goals. Actual compared to budget.</p>	<p>Details</p> <p>The actual spending/revenue versus the budget is measured on a monthly basis. Average staff turnover and retention are measured on a quarterly basis. Monthly, the organization reviews the achievement and progress of program goals.</p> <p>Documentation</p> <p>Monthly reports, BEARS and productivity reports as well as PQI Reports are methods capture the administrative functioning of the organization.</p>
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Outcomes</p>	<p>Items Measured</p> <p>Sustainability of the organization in the community.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Quality</p>		<p>Items Measured</p> <p>Not applicable.</p>
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Admin.</p>	<p>Items Measured</p> <p>Internal Control Manual. Personnel Policy Manual. Internal processes.</p>

Audit Process

An important way that Camelot expresses **Excellence and Integrity** is by being sure that Performance and Quality Improvement (PQI) is an on-going part of treatment for all programs offered by Camelot. Evaluating and improving the treatment provided should be an integral part of your decision-making process. There is a specific PQI process that gives structure to this process. Specific to this handbook is the chart auditing process and the resulting data that is reported and recorded in the focused audit Notebook in every regional office.

Regional Quarterly Peer Team Audit Procedures

The following process was created in January 2017 and will be updated throughout this first year. The following are guidelines about how the process is intended:

- The Clinical Support Coordinator will determine the amount and the randomized list of names for charts to be pulled for Regional Peer Team audit quarterly based on COA recommended case record sampling guidelines.
- Regional Peer Teams are made up of 1 Director (Director in their title), 3 prevention team members, 2 F/C team members, 1 LRA, 1 O/M, A/A, to be determined by regional leadership in consultation with the Clinical Support Coordinator. Director will serve as the regional peer team lead.
- Teams will need to complete a full training on the PQI auditing process prior to 1st assigned audit.
- Regional peer team audits will be conducted in each region quarterly. Clinical Support Coordinator will determine the month the audit is due each quarter, and distribute a yearly calendar to each region.
- The Clinical Support Coordinator generates and distributes audit names to regional peer team lead or VP's by the 1st of the month of the month of audit.
- Regional peer team lead and Clinical Support Coordinator will coordinate the on-site and off-site activities in order to fulfill all audit functions.
- Regional peer teams will complete all audits by the last business day of the scheduled month. State PQI Committee must approve any exceptions for delayed audits.
- Clinical Support Coordinator will submit audit results to the region and state PQI committee by the 5th of the month following the audit.
- Region will submit improvement plan to State PQI committee within 10 calendar days after receiving the audit results from Clinical Support Coordinator. Improvement plan must include identified goals for focus audits and could include training, individual supervision, updated processes for tracking and maintaining progress, etc.

Monthly Regional Focused Audits

The following process was created in January 2017 and will be updated throughout this first year. The following are guidelines about how the process is intended:

- Monthly, 20% of charts from each program/service in each region will be selected at random with a minimum of 2 identified areas to be audited.
- Goals will be written with a measurable objective identified.
- Goals and objectives need to be quantitative in nature with a specific end goal in mind.
- Focused audits will be coordinated and conducted monthly within each region except for the month of the regional peer audit.
- Regional leadership will determine goals of focused audits based on regional peer team audit results in consultation with State PQI Committee.
- Regional leadership will run reports as available monthly to obtain targeted goal data.
- Data, goals, objectives, and evaluation of plan will be gathered and reported on a focused audit monthly report, to be submitted to Clinical Support Coordinator by the 15th of the month.
- Focused audit goals will include measurable improvement or sustainment plan. New goals are created when areas of weakness are identified. Focused audit results should be shared region wide in weekly team meetings, in order to implement improvement plans.