



Performance
and Quality
Improvement
Plan

June 2020 -
June 2021

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Performance and Quality Improvement Philosophy and Plan Overview

The Catholic Social Services mission statement is:

We are guided by faith to care for and bring hope to people in need with humility, compassion and respect.

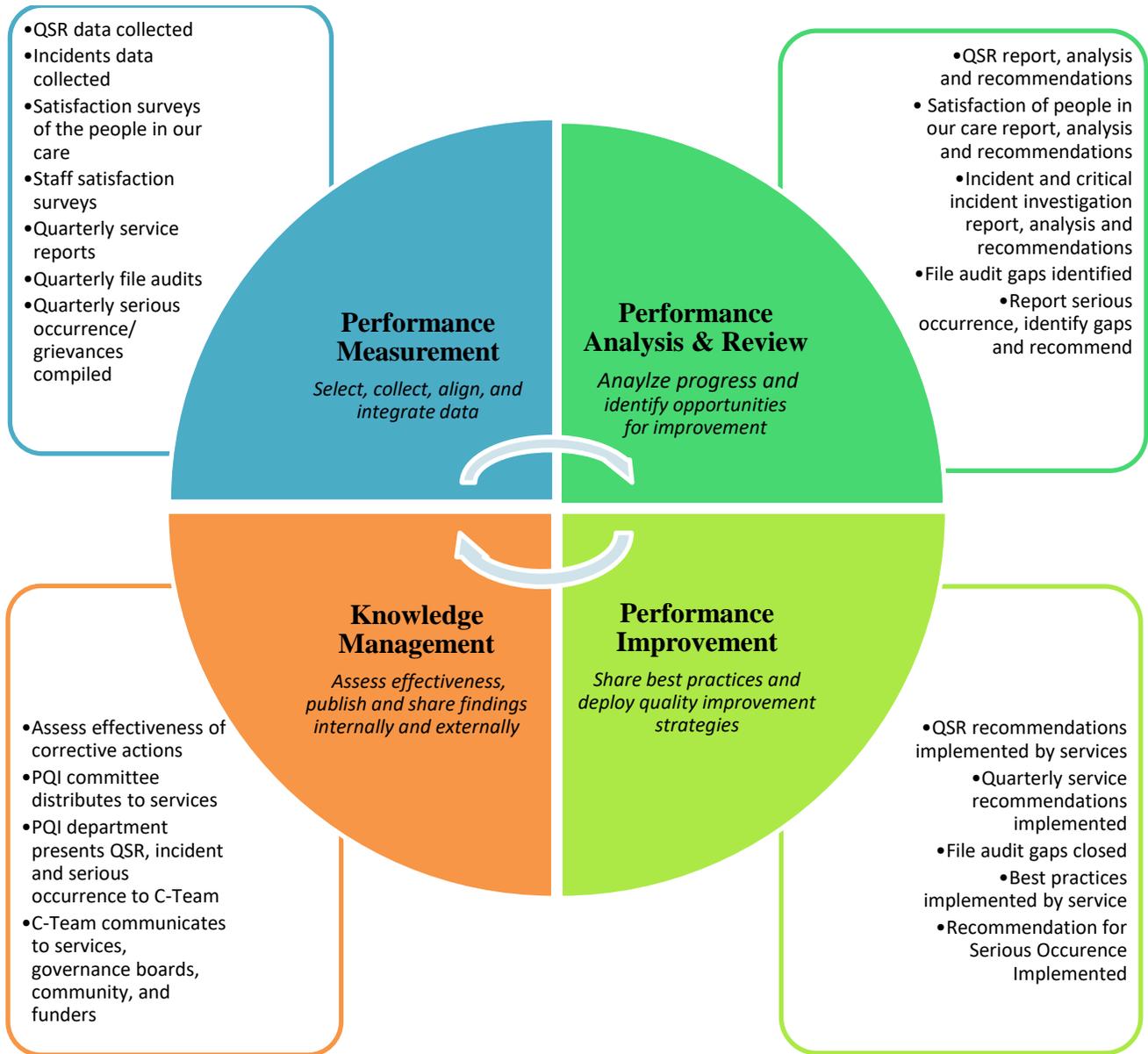
This mission is at the heart of our work, and our vision for PQI furthers our mission in the community and our agency. Our vision is to align our service delivery to the organizational mission, vision, and values while striving to provide the best quality of service to each person in our care.

The agency's leadership promotes excellence and creates a culture that fosters continuous quality improvement (CQI). An integral part of our work is having a CQI process in place that:

- 1) Ensures the highest level of professional service;
- 2) Is essential to achieving the best possible outcomes for people in our care;
- 3) Moreover, is most effective when it is a natural part of the way work is done.

By designing and implementing CQI methodologies to assess individual outcomes and service and operational processes, we are able to demonstrate effectiveness and efficiency – first to the agency, and then to external funding sources and stakeholders. The CQI cycle the agency has adopted follows.

Continuous Quality Improvement Cycle

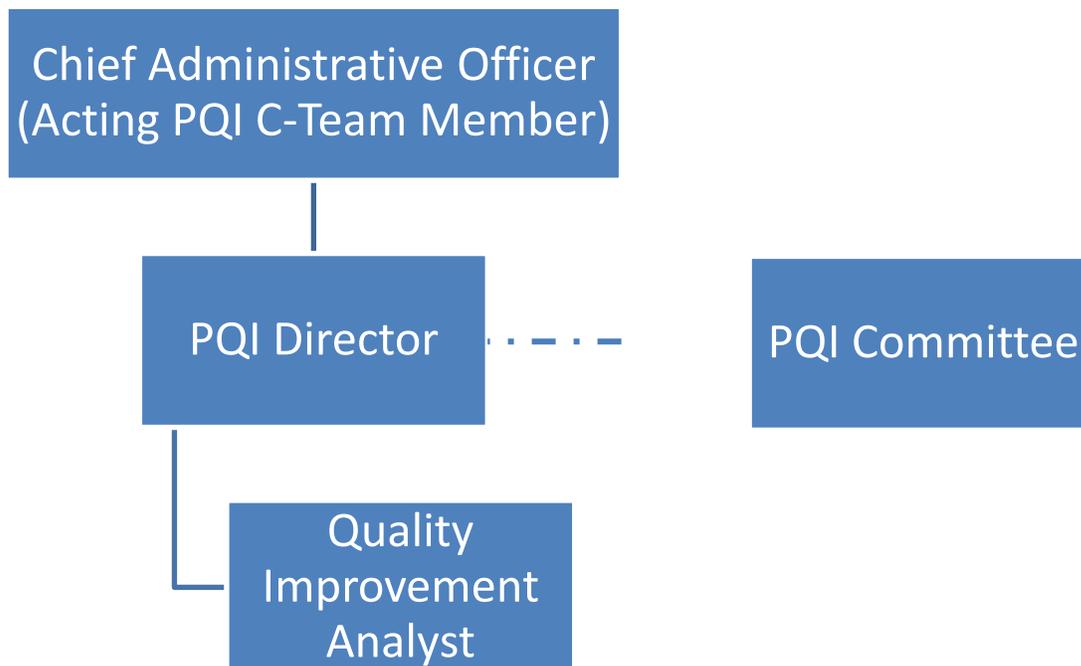


Performance and Quality Improvement Structure

The department is responsible for performing risk management and quality improvement activities and ensures agency-wide participation in the CQI process. The Performance and Quality Improvement Department consists of the Director of PQI and a Quality Improvement Analyst. The PQI Department oversees the CQI structure and they are accountable to the Chief Administrator Officer (CAO).

The Director of Performance and Quality Improvement is responsible for overseeing the agency's PQI activities, agency Accreditation, workflow of the PQI Department, policy development and advising the PQI Committee. The Director of the Performance and Quality Improvement Department is also responsible for communicating and liaising with other service areas to increase understanding and participation in the PQI activities.

The Quality Improvement Analyst participates in Business Intelligence data collection and reporting (i.e. Quarterly Service Reviews, satisfaction surveys, trends analysis) agency Accreditation, process improvement, projects and job duties as defined by the Director of PQI. The Quality Improvement Analyst will be involved in the PQI Committee and work in conjunction with various service areas as required, completing projects as needed.



All members of the Performance and Quality Improvement Department are required to think critically, be able to quickly learn new skills, and be fluent in the basic functions of computer programs such as Word, Excel, and Outlook. The PQI Department must also be able to communicate, verbally and in written form, in a clear, concise, and professional manner. Members of the PQI Department must be able to work in a collaborative environment but also be capable of self-directed work when required.

The agency also engages the Performance and Quality Improvement Committee to bring quality concerns forward to address and disseminate information relating to continuous quality improvement at all levels of the agency. The PQI committee consists of representatives from each of the service areas as well as several administration areas such as Information Technology, Infrastructure and Asset Management, Development and Community Relations, Finance and Human Resources. The focus of the Agency's

performance and quality improvement structures is using innovative practices, improving processes, using data to identify existing gaps and new opportunities, and finding alternatives that enhance the delivery of desired outcomes.

Organizational Performance and Quality Improvement Structure

All staff members have a role to play in improving quality throughout the Agency. Each level of responsibility involves different quality improvement activities based on role and level of authority.

Direct staff is responsible for providing the best possible service to people in our care, reporting concerns to their supervisor, completing Incident Reports, attending training as required, recommending quality improvements and policy improvements, and following procedures and best practices.

Supervisors provide direct staff with resources to work through day-to-day concerns, report concerns that are larger than a day-to-day level, provide support and guidance during incidents, review Incident Reports, recommend quality improvements and policy improvements, attend training as required, ensure staff can attend training as required, follow best practices and procedures as they are communicated to them, and help in coaching and training direct staff.

Managers are responsible for working with supervisors to remove concerns and obstacles on a day-to-day level. In addition, managers review and sign off Incident Reports, recommending quality improvements and policy improvements, communicate and gather information around COA Accreditation, best practices, and innovative practice. Managers also ensure front line staff and supervisors have resources required to attend training, implement procedures and best and practices, and training and coaching both supervisors and staff as required.

Directors provide managers with support, manage the Accreditation process for their areas, review and approve Incident Reports, communicate information about service expectations, best practices, and innovative practice, recommend quality improvements and policy improvements. Directors also work with funders to have appropriate resources in place, communicate concerns to the PQI Committee and PQI Department, ensure that managers, supervisors, and frontline staff have adequate resources and training for their job duties, and provide coaching to those under their supervision.

Leadership Cabinet (Vice Presidents, CFO, CAO, CSO, and CEO) are responsible for supporting the Accreditation process, ensuring funding is appropriate and requirements are achievable. Recommending quality and policy improvements, reviewing Serious Occurrences reports and ensuring corrective actions are implemented, providing risk management at a service level, bringing forward quality concerns at the Cabinet level, ensuring that appropriate service staff are represented on the PQI Committee, reviewing policy and ensuring implementation of policy, best practice, and innovative practice.

PQI Committee members are responsible for attending and participating in regular meetings. As members of the committee, they are responsible to communicate PQI decisions, recommend quality and policy improvements, voice service quality concerns during meetings, work with other staff to ensure Performance and Quality Improvement Committee initiatives are implemented, and participate in the internal annual PQI review.

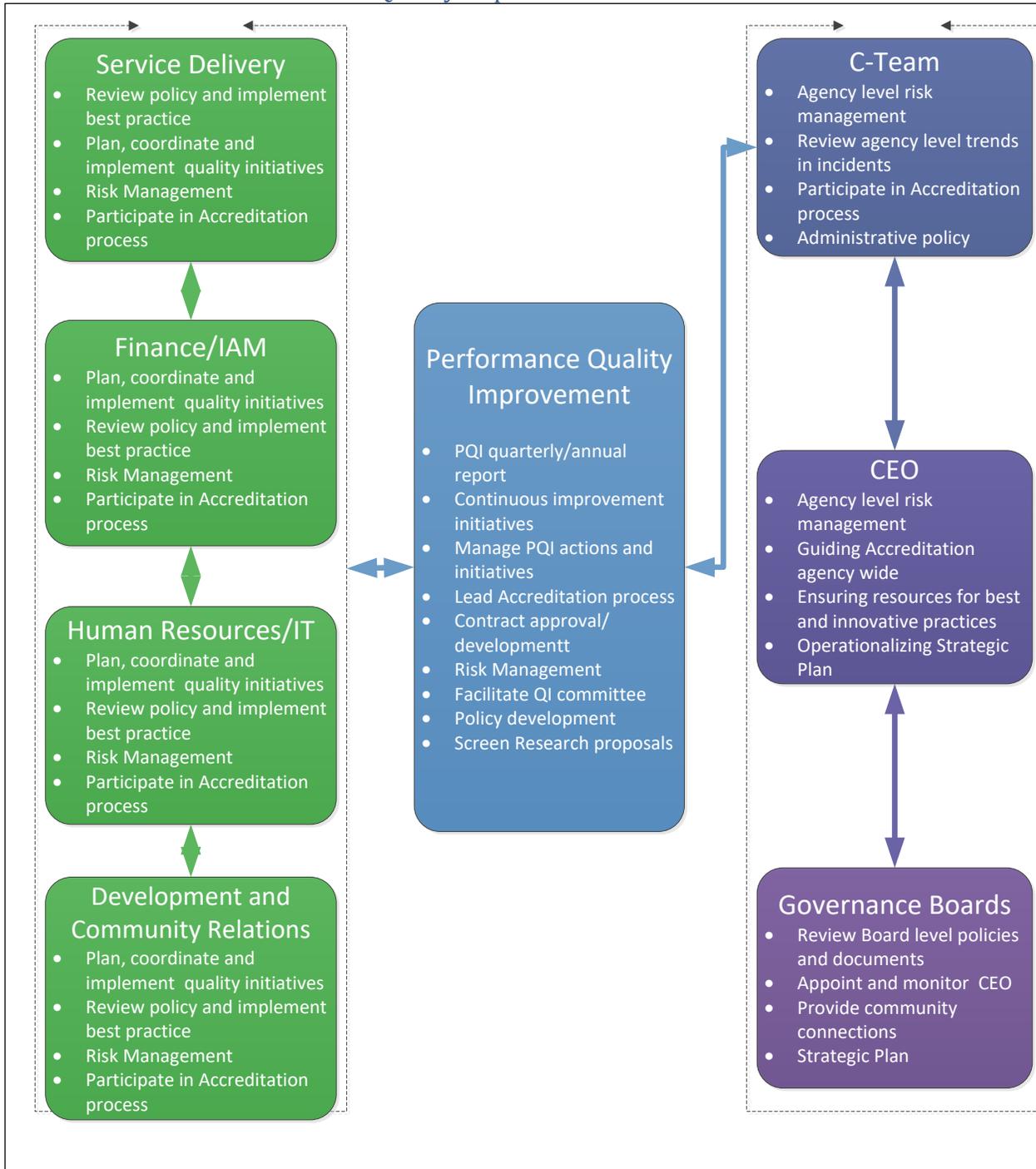
The Performance and Quality Improvement (PQI) Department is responsible for facilitating the Accreditation process in the Agency. The area reviews contracts to identify risks and ensure risk mitigation strategies are in place, and provides reporting to the leadership teams on key performance metrics, outcomes and serious occurrences. The PQI department tracks and monitors the completion quality improvement plans and coordinates the development and maintenance of policy. Working with the PQI committee, the PQI department recommends service delivery, process and policy improvements, and leads quality improvement actions and initiatives, making recommendations to the C-Team and helping to implement best and innovative practices throughout the agency.

The C-Team (CEO, CFO, CAO, and CSO) has responsibilities that encompass the entire agency. The C-Team provides oversight and risk management functions in two different aspects of the agency business. The CFO provides financial risk management, trend analysis, and is ultimately responsible for ensuring that the agency is capable of meeting its financial reporting requirements. The CFO is also involved in both the Accreditation process and multiple agency-level financial audits, recommends quality improvements and policy improvements, drives financial policy, and ensures the agency is following financial best practices. The CSO provides risk management, reviews identified trends and is ultimately responsible for ensuring the Agency is able to meet the service and service delivery standards, which include reporting and providing service to people in our care. The CAO supports the Accreditation process, recommends quality improvements, and helps to implement best and innovative practice at an agency wide level, most notably within the Human Resources and Information Technology portfolios.

The Chief Executive Officer (CEO) is responsible for agency level risk management functions, ensuring the agency is capable of meeting all its requirements in reporting and service delivery, and creating increased capacity through intentional actions. The CEO guides and champions the agency through the Accreditation process, reviews trends in incidents and serious occurrences and their associated corrective actions. The CEO also designates resources for quality improvement activities, best and innovative practices, recommends quality improvements and policy improvements, ensures agency capacity, reports to the Governance Boards, and provides the agency with the operational direction of the vision, mission, and strategic plan.

Governance Boards are responsible for reviewing, questioning, and approving documents, budgets, policies, and reports brought before them as required, appointing and monitoring a CEO, providing the agency with meaningful connections to the community, recommending quality improvements and policy improvements, developing an agency vision, mission, and approving a strategic plan, and participating in the Accreditation process of agency.

Performance and Quality Improvement Communication Flow



Stakeholders Involved in the Performance and Quality Improvement Process

Catholic Social Services involves all stakeholders in performance activities. Stakeholders include staff, volunteers, clients and their families/guardians/trustees, the Board of Directors, donors, government funding bodies, and community members. Stakeholder participation in the performance and quality improvement processes may take the form of committee work, focus groups, interviews, and surveys. Catholic Social Services firmly believes that stakeholder feedback is a valuable tool for providing reliable data that is used to shape the programs and services that best meet the needs of people in our care.

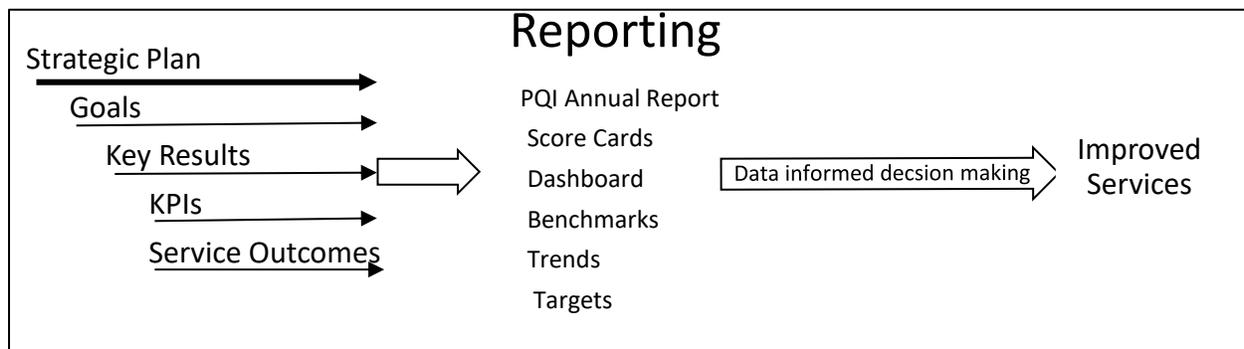
In order to ensure that our services are responsive to our key individual and stakeholder groups, we survey them on a periodic basis to understand their expectations of us.

Strategic Plan

The agency's long-term strategic goals and key result areas are set forth in the 2019-2024 agency Strategic Plan, attached in [Appendix A](#). The Agency Strategic Plan provides guidance and executes a strategic course for the organization through a five-year cycle.

The Agency's Strategic Plan goals for 2019-2024:

Goal 1	Lift people and families in meaningful ways.
Goal 2	Strengthen community relationships.
Goal 3	Sustain our efforts to serve well.



For a list of Key Results, see Appendix B

Program and Client Outcomes

The Agency Service outcomes are:

Self-Efficacy: Individuals and families will grow to meet challenges cognitively, physically, socially and spiritually.

Self-Determination: Increase the ability of families and individuals to make their own decisions.

Inclusion: Enhance social wellbeing by increasing a sense of community.

Generosity: Self-esteem and self-worth are strengthened by learning to help others.

Client data is gathered and stored on ShareVision, and every quarter reports are uploaded into our dashboard tool, PowerBI. Each of the service areas then undergoes a review process looking at the variances in their data and meeting with the Chief Services Officer. PQI trends the information, benchmarking where there is enough data available and assist the services areas to identify appropriate targets for the coming year.

PQI maintains and develops an Agency level dashboard that is used for Board reporting, specifically on the Agency outcome progress and the client goal progress. A benchmark is set when data is available and a target is set annually at an Agency and Service level.

Administrative Metrics

The agency is developing Key Performance Indicators (KPIs) for each of the administrative departments to measure effectiveness, performance and the impact of their support of our operations teams. Each quarter the KPI will be reviewed by PQI Department and PQI committee to measure progress toward the identified target; in addition, the evaluation contains benchmarking and trending. The quarterly/annual results will be compiled for the annual PQI report. The target for the KPI is evaluated and adjusted annually based on the internal benchmark.

For a complete list of administrative metrics, see Appendix C

Benchmarking/Trends/Targets

As part of using our data to inform decision-making, the PQI department will trend metrics over a three- to five year range depending on the availability of the data for the metric. As part of the trending process, internal and external benchmarks are identified when available. Each year a target will be set for the metric based on the information available/internal trend and or benchmark. At the end of the fiscal year, the target will be met or unmet. Unmet targets will be identified in the PQI annual report and the PQI Department will work with the service area or department to refine future targets.

Communicating Results

Results of quality improvement activities, outcome measures, and strategic plan are shared internally in regular meetings, such as departmental, C-Team, Leadership Cabinet, Governance Board Meetings and Performance and Quality Improvement Committee meetings. Agency leaders are responsible for ensuring that all staff receives information appropriate for their role and function.

The PQI Department also generates regular reports for leadership, direct staff, and the Board. Examples of such reports include the Incidents Report Summaries, Quarterly Service Results, PQI Annual report, Client Satisfaction Survey and an Agency Serious Occurrence Report. These reports illustrate the impact

that the services have on those we serve. On a regular basis, the Chief Executive Officer will provide a written summary of performance and quality improvement activities to the Board of Directors and other appropriate bodies, such as funders.

Data-Informed Decision Making

Catholic Social Services uses data-informed decision making as quantitative data is not the only factor considered when a decision is made. Data is collected to give the agency insight into areas where improvements will allow for the agency to meet its strategic goals, develop capacity, manage risk, implement corrective actions, or provide better service to the people in our care. In short, quantitative data is reviewed with qualitative data, experience in various fields, community need, and other driving factors to allow Catholic Social Services to make the best overall decisions.

The agency promotes the collection and analysis of data to guide services and improve operations. The framework which supports data-informed decision making includes:

- 1) Leadership for improvement and the use of data;
- 2) Support for generating actionable data;
- 3) Formal structures and time set aside for analyzing and interpreting data by the PQI department;
- 4) Professional development and technical support for data interpretation by the PQI department; and
- 5) Tools for acting on data.

The PQI department is responsible for the collection, evaluation, and comparison of data. Data will be compared to previous data in the same service area or benchmarked internally and externally. The PQI department uses the collected and analyzed data to inform recommendations made to the C-Team.

The C-Team then makes decisions based on the data presented, the current environment, and the mission, vision, and goals of Catholic Social Services. Actions and goals are created based on the decision from the C-Team. The results of these actions and goals are reviewed on a quarterly and annual basis.

Business Intelligence/Dashboards

Catholic Social Services uses Microsoft Power BI as a business intelligence tool, and the goal of Power BI is to help the C-team, Services and departments make informed decisions to guide daily operations and strategic decision making.

Benefits of Dashboards:

- Unifies practice across the organization
- Keeps the organization focused on strategic goals and mission
- Contributes to the creation of a learning organization
- Dashboards are about course correction-recalibration
- Using Key Performance Indicators (KPIs) narrows the organization's focus
- Contributes to strategic decision-making

Data Management

The Performance and Quality Improvement department will be using the 4 A model of data management while supporting service delivery and administration dashboards.

1. **Accumulate**
 - Determine what data is valuable and collect that data (Service/Administration)
 - Set up data entry standards
 - Manage data quality with operational controls
 - Train and guide users responsible for data entry
2. **Analyze**
 - Create reports with data that is relevant to the agency's strategic objectives
 - Run reports on a standard schedule so the analysis is a consistent practice
 - Ask questions such as: what is the data telling me, what data is the agency looking for, and is the data what the Agency expected?
 - Confirm analysis by reviewing with Service and Administration
3. **Apply**
 - Compare real outcomes evidenced by data to Agency goals or objectives.
 - Find discrepancies or alignments between expected and actual results.
 - Contextualize trends, patterns, and single metrics in time.
4. **Act**
 - Position data as a motivator for continuous performance improvement.
 - Take action on a consistent and timely basis.
 - Develop action items from insights gained during the analysis and application of data.
 - Use insights from data to define new goals, new strategies, and new tactics.
 - Communicate and reinforce strategic decisions and actions with empirical, data-driven proof.

Current Data Resource Management in Agency BI Practices:

Key fields in data warehouse:

- a. Account code
- b. Program names
- c. Fiscal year and calendar year

Data Sources and data quality responsibilities:

- a. Great Plains (GP): HR, Finance and Payroll Departments
- b. ShareVision: Services
- c. Surveys (QuestionPro): PQI
- d. Management Reporter: Finance Department

e. Raiser's Edge: Development and Community Relations Department

Agency dashboards:

- a. Financial health
- b. Human resources
- c. Disability Management
- d. Programs/Service delivery
- e. Governance
- f. Training (planned)
- g. Safety (planned)

This plan only shows current data collection for Power BI report systems.

Outcomes and Data Collection Procedures

Catholic Social Services has a systematic and documented process for managing data collection mechanisms, as shown in the chart below. Data from surveys, phone calls, and the PQI reports identify strengths, opportunities for improvement, and trends. Overall, data collected is used to improve and evaluate our delivery of service.

Data Collection Tool	Purpose/Data Received	Maximum Frequency
Client Satisfaction Survey	☺ ★ ☑ ✎ 📄	Annually
Employee Engagement Survey/Pulse Check	☺ ★ ☑ ✎	Annually
PQI Quarterly/Annual Report	★ ☑ ✎	Quarterly/Annually
Power BI Dashboards	★ ☑ ✎	Quarterly/Annually
ShareVision	☺ ★ ✎	Quarterly
Serious Occurrences	☑	Quarterly
IT Customer Satisfaction Survey	☺ ★ ☑ ✎	Quarterly

Key:

- ☺ *Assess Satisfaction* ★ *Assess Progress* 📄 *Assess Loyalty*
 ☑ *Identify improvement areas* ✎ *Assess Needs*

Catholic Social Services collects and analyzes appropriate data quarterly and annually to determine the performance and effectiveness of programs and to identify potential improvement opportunities. This includes data generated by measuring and monitoring activities and other relevant sources.

The data is analyzed to provide information on:

- 1) Customer satisfaction and/or dissatisfaction;
- 2) Conformance to organization, legal and individual requirements;
- 3) Characteristics of processes, services, and trends;
- 4) Overall performance and impact on the people in our care;

- 5) Contractual requirements;
- 6) Administrative supports to services.

Performance measures are determined at a service level. Outcome and Outputs to be measured for successful completion are developed at a program-specific level.

Catholic Social Services monitors long-term progress of the programs and organizational performance. The Quarterly Report collects and reports out key metrics specific to program performance.

Aggregation, Reporting, and Interpretation

The Performance and Quality Improvement Department is responsible for the aggregation of the quarterly Performance Management Data. The PQI Department is also responsible for the agency-wide satisfaction survey which is distributed to our clients. This involves the collection, calculation, and analysis of the data.

Results are reported to the programs through PowerBI. The PQI Director presents the Quarterly Service Report and the Annual PQI report to the C-Team, Leadership Cabinet, and PQI Committee. The Chief Services Officer reports the Quarterly Service Review results to the Board of Directors.

Review & Recommendations

The PQI Department, relevant service staff, Leadership Cabinet, C-Team, and the Board review the outcomes data and propose changes, improvements, and monitoring actions for the outcomes. The data is also utilized to promote the organization and its results.

Assessment of the Effectiveness of the Continuous Quality Improvement Process

On a regular basis, the PQI Department will review the effectiveness of the Quality Improvement Plan activities. The review will include:

- 1) Achievement of the plan's overall goals and objectives;
- 2) Achievement of accepted professional standards of practice;
- 3) Resolution of identified problems;
- 4) Assessment of the efficiency of PQI activities and the adequacy of corrective actions;
- 5) Improvement of the service delivery system;
- 6) Appropriate communication of findings

All programs of Catholic Social Services are subject to review and monitoring by a variety of internal and external, independent authorities. Currently, the Council on Accreditation and provincial bodies review the agency.

Persons Served Case File Audit Process

- 1) Each service will identify a number of case files to review. This number should comply, at minimum, with COA standards.

- a. Programs are to review cases on a quarterly basis. For example, a program may choose to review 25% of selected case files each quarter.
 - b. Upon closing each case file, a review is to be conducted.
- 2) Staff members completing the review will review case records and complete the Agency File Audit Form on ShareVision and may reference the Audit File manual if unsure of how to proceed.
 - 3) The report is maintained in the individual file on ShareVision.

The PQI Department will populate file review results on the Services PowerBI dashboards as well as the Agencies dashboard. PQI will monitor the quality of the reviews quarterly and annually.

File Audit Training file: see Appendix D.

Persons Served Complaints and Grievances

The Performance and Quality Improvement Department presents a summary report of complaints/grievances to the C-Team and Leadership Cabinet quarterly. The report tracks trends and identifies quality care concerns at an agency level. The information in the quarterly reports is rolled up in the annual PQI report.

Staff Complaints and Grievances

The Performance and Quality Improvement Department presents a summary report of complaints/grievances to the C-Team and Leadership Cabinet quarterly. The report tracks trends and identifies quality care concerns at an agency level.

Serious Occurrence Review

The purpose of establishing an internal system of reporting incidents that occur on or off the agency's premises that may involve staff, people in our care, or visitors, is to:

- 1) Determine patterns and trends for managing and improving the care of people served;
- 2) Determine and mitigate internal and external system and service gaps;
- 3) Develop an internal and external communication system for incidents; and
- 4) To manage risk.

Performance and Quality Improvement will ensure:

- 1) Follow-up and/or corrective action is taken as needed;

- 2) All reports are reviewed and analyzed for patterns and trends as part of Catholic Social Services' quality improvement process, and that this information is incorporated into a revision of operational practices.
- 3) Quarterly and annually, the PQI Department will:
 - a. Review Serious Occurrence/incident report data at an agency level;
 - b. Identify trends;
 - c. Recommend a target for the next year;
 - d. Benchmark data internally and externally if data is available; and
 - e. Make recommendations to the C-Team based on data.

Incident Report Review

The top ten incidents for the quarter are reviewed at the service level and the Agency level including the Board. The dashboards are trended and PQI will identify outliers in their review and work with the service areas to determine the cause of the discrepancy. The findings of the review are stored on PowerBI and shared with the C-Team and Board as required.

Surveys

The Performance and Quality Improvement department maintains and administers surveys related to the satisfaction of people in our care, volunteer satisfaction, and staff satisfaction. The survey protocol for surveys distributed by Performance and Quality Improvement Department includes:

Survey Distribution

For satisfaction surveys for people in our care, a multi-mode method of survey distribution will be made available to the appropriate services. These modes will include both paper and electronic distribution. Staff and volunteer satisfaction surveys will be sent via email to the appropriate areas.

Survey Analysis

The PQI department initially analyze survey results and then the services complete an additional review. The survey report (including raw data, summary, and outcome-related data) is in PowerBI and a simplified infographic survey is distributed for internal and external stakeholders. The summary report of the findings of the survey is presented to the Leadership Cabinet, Governance Boards, and all relevant stakeholders.

The Leadership Cabinet reviews the survey report and determines strengths and necessary improvements based on PQI and Human Resources Department recommendations.

Survey Results

The PQI department will create a summary of results within an appropriate timeframe of receiving the survey data. Once the summary is complete, results will be communicated to stakeholders through the Leadership Cabinet, C-Team, and PQI Committee.

Evaluation

To promote and ensure continuous quality improvement throughout the agency, the survey protocol is evaluated and tracked by PQI. Necessary reminders are communicated to ensure timely dissemination of survey results, creation of summary reports and adherence to deadlines.

PQI Plan Evaluation

The PQI Plan is to be reviewed on an annual basis by the PQI Department to ensure it is effective and efficient in meeting its stated goal of guiding Performance and Quality Improvement activities. If modifications need to be made to the plan to increase efficiency or effectiveness, these recommendations will be made to the C-Team.

The PQI department will also consider changes made to the COA standards, provincial/federal standards, best practice, and innovative practice when making recommendations.

The Chief Administrative Officer and Chief Services Officer will review the PQI Plan annually, and the CEO will ensure the PQI Plan is aligned with the mission of Catholic Social Services and is congruent with the growth and betterment of the agency as outlined in the Strategic Plan.

Glossary of Performance and Quality Improvement Terms

Activity: Individual tasks funded by projects or programs. Typically, the smallest “unit” of work.

Bed Nights: Available Bed Nights is the number of funded bed nights available to each program. Delivered Bed Nights is the number of beds people used each night.

Benchmarking: A process of measuring the performance of a company's products, services, or processes against those of another business considered the best in the industry, aka “best in class.” The point of benchmarking is to identify internal opportunities for improvement.

Business Intelligence (BI): An umbrella term that includes the applications, best practices, infrastructure and tools that enable access to and analysis of information to improve and optimize decisions and performance. Catholic Social Services chose Microsoft Power BI as the Business Intelligence tool.

Critical Success Factor (CSF): CSFs are specific conditions that measure or facilitate the meeting of business goals and objectives within set time frames. CSFs always combine two elements: a measurable activity and a specific time frame.

Goals: Tasks or actions which are required to further Objectives. Goals can be interconnected. For example, a first goal may be to solicit information on the experience of people in our care, a second to analyze the information, and a third to create a series of actions to correct gaps. Each goal is a unique piece, but they can also be integrated to affect larger objectives.

Key Performance Indicator (KPI): A measurable value that demonstrates how effectively a company is achieving key business objectives. Organizations use KPIs to evaluate their success at reaching targets. Effective KPIs focus on the business processes and functions that senior management sees as most important for measuring progress toward meeting strategic goals and performance targets.

Key Results: Specific indicators used to track the achievement of clearly defined agency goals.

Improvement Action Plan (IAP): A sequence of steps that must be taken, or activities that must be performed well, for a strategy to improve the quality of a designated goal to succeed. An action plan has three major elements (1) Specific tasks: what will be done and by whom. (2) Time horizon: when will it be done (3) Information on the success or failure of the specific tasks.

Incident Report (IR): A report found on ShareVision which is to be completed based on criteria found in the agency's Critical and Non-Critical Incident Identification and Reporting Policy. This report is to be completed according to the Serious Occurrence and Critical Incident Review procedures.

Mission: A guiding statement, which defines the agency's function, goals, and philosophies, as well as identifying the population, which the agency serves.

Number of Persons Served by Program: Number of unduplicated persons served, compiled quarterly and annually. (Unduplicated persons served is defined as counting the person's primary service received).

Output: Completed product of a specific activity, whether executed internally by the organization or by an external contractor. Output measures do not address the value or impact of your services on persons served.

Outcome: An outcome represents a *specific result* a program *is intended* to achieve. An outcome can also be defined as the *specific objective* of a specific program. An outcome is not what the program actually produced itself (the output), but the consequences of those services, or assistance.

Objectives, Themes, or Overarching Goals: A unifying idea or concept which ties together many smaller actions in an attempt to achieve a larger scale action. Examples include improved experience for the people in our care or the reduction of inefficiency.

Outreach Hours: The number of hours of service provided by each program and the number of funded hours available to be provided.

Performance and Quality Improvement (PQI) Committee: Provides clear expectations and guidelines regarding quality improvement review criteria and best practices. Members regularly review programs, monitor quality of service provided, and provide consultation and assistance to the agency in the interests of improving effectiveness and efficiency. The Vice President in consultation with the Director of PQI appoints QI committee members.

Performance and Quality Improvement (PQI) Department: An administrative department charged with management of performance and quality improvement activities. The department is composed of the Director of PQI, Quality Improvement Analyst and the Performance and Quality Improvement committee in an advisory capacity.

Performance and Quality Improvement (PQI) Plan: A document created which outlines the quality improvement activities, structures and processes, and roles and responsibilities of the agency. It is for use by agency staff and stakeholders.

Performance Measurement: Performance measurement is generally defined as the regular measurement of outcomes and results, which generates reliable data on the effectiveness and efficiency of programs.

Power BI Report: A multi-perspective view into a dataset, with visualizations that represent different findings and insights from that dataset.

Program: Refers to a service (group living/outreach) with a name and accounting code which is administered by the agency utilizing external or internal funding. Program codes associated with supplemental funding to primary programs (i.e. Grants/Sign of Hope enhancements) are not counted as an individual program.

Satisfaction of People in Our Care: The percentage of people in our care who report being satisfied with services in the annual agency Satisfaction Survey.

ShareVision: A case management database used by Catholic Social Services.

Stakeholders: Individuals or groups who have a vested interest in the organization and its mission. This includes staff, volunteers, people in our care and their families/guardians/trustees, the Board of Directors, donors, and community members.

Strategic Plan: Long-term planning goals as outlined in the Strategic Plan document created by the Board and CEO with input and recommendations from other sources as required.

Strategies: The steps the Agency will take to achieve organizational goals.

Staff Turnover: The percentage of employees who leave the agency, calculated on a rolling twelve-month basis. Turnover usually includes voluntary resignations, dismissals, non-certifications, and retirements in the calculation.

Annual Staff Turnover Rate $\% = \frac{\text{Number of employees who left}}{(\text{Beginning} + \text{ending number of employees})/2} * 100$

Target: A goal to be achieved.

Trend: The general movement over time of a statistically detectable change.

Vision: A guiding statement, which directs the future of the organization. Catholic Social Services' vision is "Inspired by God's love, our communities will be transformed through service to people of all faiths and cultures." The Strategic Plan is designed to help support the fulfillment of the vision.

Appendix A: Agency Strategic Plan 2019-2024

<https://www.cssalberta.ca/Portals/CSS/Documents/Mission/Strategic%20Plan/CSS-Strategic-Plan-Booklet-WEB.PDF>

Appendix B: List of Key Results

Goal 1: Lift People and Families in Lasting Ways

- A. Be disciplined in how and where we serve those in need, so that we deploy our resources for optimum impact.
- B. Leverage our expertise to make lasting change for vulnerable populations.
- C. Enhance research and evaluation across our services to inform and continuously improve our work.

Goal 2: Strengthen Community Relationships

- A. Renew, build and strengthen our external relationships.
- B. Raise awareness about CSS, the services it provides and the values it brings to individuals, families and communities.
- C. Further develop resources to support and expand our ability to help others in need.

Goal 3: Sustain Our Efforts to Serve Well

- A. Ensure the organization is lead through steady, capable and robust governance.
- B. Infuse our operations with an innovative spirit.
- C. Place a renewed focus on strengthening administrative supports.

Appendix C: Administrative Metrics

Governance:

Measures	Year 1	Year 2	Year 3	Target
# of events attended by Board members				
Average Board tenure (COA)				

PQI

Measures	Year 1	Year 2	Year 3	Target
% of signed returned contracts				
% of policies developed				
# of staff consultations				
% of annual completed tickets				
% of contracts in compliance				

Workforce (COA)

Measures	Year 1	Year 2	Year 3	Target
Annual turnover rate-FT/PT				
First year turnover rate-FT/PT				
Average Time to fill vacancies				
Total Sick Time Ratio (Ratio of Sick Time to total hours worked)				
Total Overtime Hours				
Number of staff with Excess Vacation on October 31 each year				
Mandatory Training Completion Rate				
Engagement Survey Participation Rate				

HR-COA

Measures	Year 1	Year 2	Year 3	Target
HR FTE to total staff FTE ratio				
Average cost of benefits (COA)				
Average staff tenure (COA)				
# of staff (COA)				
# of management (COA)				

Staff retention rate (COA)				
Management retention rate (COA)				

Finance: (COA annual reporting)

Measures	Year 1	Year 2	Year 3	Target
Revenue*				
Liquid Unrestricted Assets (LUNA)				
Months of cash on hand				
Median salary				
Average salary				
Surplus/deficit				

*Revenue Breakdown	Year 1	Year 2	Year 3	Target
% Fee for Service				
% Fundraising/Donations				
% Gov't Grants				
% Private/Foundation Grants				
% Investment Income				

IAM:

Measures	Year 1	Year 2	Year 3	Target
Maintenance cost per square foot				
Average repair response time				
Cost of office space per employee				
# of user complaints				

Capital Projects	Year 1	Year 2	Year 3	Target
Days behind/ahead of schedule				
Budget on target				

IT:

Measures	Year 1	Year 2	Year 3	Target
IT FTE to total staff FTE ratio				
IT Budget as a % of revenue				
# hours of unplanned downtime				
% of staff who have completed cyber security training				

Health & Safety:

Measures	2017-2018	2018-2019	2019-2020	Target
% of job hazard assessments completed				
% of inspections completed				
% of deficiencies corrected				
% of incidents reported				
Ratio of near misses				
Ratio of lost time				
% of mandatory safety training complete (WHMIS, Job Hazard Assessment, Violence in the Workplace and Injury Prevention)				

Contracts:

Measures	2018-2019	2019-2020	2020-2021	Target
# GOA				
# municipal				
#leases				
#GOC				
# Vendors				
% fully executed contracts				
% of contracts in compliance				

Appendix D: Agency File Audit Manual

[http://staff.signofhope.ab.ca/media/340891/sharevision - file audit instructions final.pdf](http://staff.signofhope.ab.ca/media/340891/sharevision_-_file_audit_instructions_final.pdf)

Appendix E: Agency Data Management

Data Resource	Format	Refresh Schedule	Location	Related PowerBI Report
HR data set	SQL	Monthly/Quarterly/Direct Query based on requirements	SQL Server	HR Dashboard/ Service HR Dashboard
Finance	Excel/ SQL	Monthly/Quarterly/Yearly	Report Viewer, \\powerbi\BI- DATA-IMPORT	Financial Health
Services	Excel	Programs will finish order entry at the end of the 10 th day after each fiscal Quarter end, and PQI will refresh sheet on 11 th to 13 th of the month following the end of the previous quarter.	ShareVision Server, \\powerbi\BI- DATA-IMPORT	Persons served demographic, Incident Report, Outreach hours/Residents bed nights, Persons served need assessment (Pre-post), Persons served goal achievement;
Survey	Excel	Quarterly/ Yearly	Question Pro, \\powerbi\BI- DATA-IMPORT	Persons served satisfaction survey Report Leadership Survey Staff Engagement Survey/Pulse Check
Volunteer service by event	Excel	Quarterly	Volunteer Hub Site, \\powerbi\BI- DATA-IMPORT	
Mercy Counselling	Excel	Manual update		TBD
SPP (Eait)	Excel	Programs will finish order entry at the end of the 10 th day after each fiscal Quarter end, and PQI will refresh sheet on 11 th to 13 th of the month following the end of the previous quarter.	ShareVision Server, \\powerbi\BI- DATA-IMPORT	EAIT information is shared information with EMS service. Link is provided at ShareVision, but it is a separate table