

PERFORMANCE AND QUALITY IMPROVEMENT PLAN

Catholic Charities of the five-county Diocese of Palm Beach respects life in all of its stages. In living our faith, we help and create hope for people in need, without regard to religion, by delivering social services, collaborating with others in building just and compassionate communities, and empowering individuals through education.

Organizational Values

Faith: Our Faith is knowing that God loves us, and that with His love we can do anything through the power, presence and promise of Jesus Christ.

Respect: Respect means that, regardless of our differences, we acknowledge others as our brothers, sisters and children of God, and treat them with dignity, love and compassion.

Service: We live our Faith and Respect through Service as we help, encourage, and empower those in need by charitably giving of ourselves in the spirit of Jesus Christ.

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A. Catholic Charities of DPB’s Philosophy of Performance and Quality Improvement

For the past 25 years, Catholic Charities of the Diocese of Palm Beach (CCDPB) has been driven to provide quality services based on our values of faith, respect, and service. We recognize the value of an organizational structure that promotes continuous performance and quality improvement (PQI). Our leaders and staff promote a ‘PQI Culture’ by consistently using data analysis to improve practice and make informed decisions.

We study the performance of our organization and programs using a broad “eagle’s view,” focusing on the achievement of both administrative and programmatic goals. In order to achieve this and hold ourselves accountable to stakeholders, we request input from stakeholders at all levels (employees, volunteers, community partners, clients) and all functional areas of the organization. Our PQI system evaluates our programs in alignment with our values, vision and mission.



B. PQI Structure and Stakeholders

Our organization places top priority in a well-defined, successfully implemented, and continuously evaluated PQI plan. Resources have been allocated for a position of PQI Administrator who holds responsibility for planning, organizing, coordinating, and directing the organizations performance and quality improvement process.

Our PQI system has the capacity to identify organization-wide and programmatic issues and implement solutions that improve overall efficiency in order to deliver accessible, effective services in all our programs.

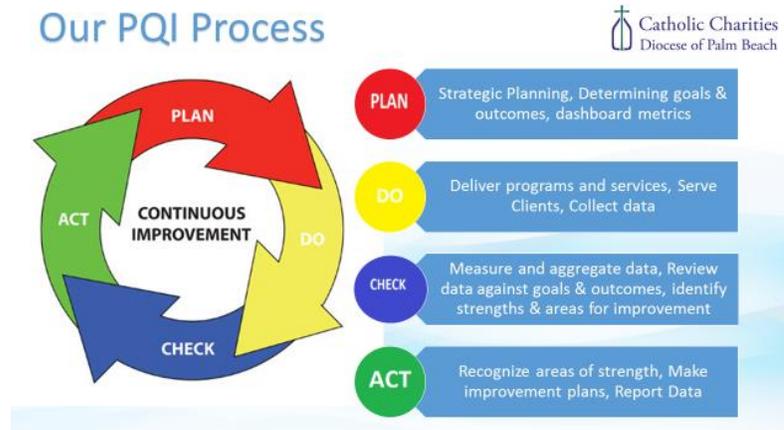
Stakeholders

Our stakeholders are people and groups who have an interest in CCDPB and our programs' success in achieving its mission and purpose. We seek input from this broad range of stakeholders in order to gather valuable input for quality improvement.



Our PQI structure invites participation by our primary stakeholders such as our clients, staff, volunteers, program advisory boards, and board of directors. These primary stakeholders are involved directly through long term strategic planning, participation on the PQI Committee or Continuous Quality Improvement (CQI) teams, identification of performance and quality improvement goals, case record reviews, and satisfaction surveys.

Additionally, our secondary stakeholders such as community partners/advocates, donors/funders, governmental agencies, licensing/accreditation agencies, and other stakeholders participate through their valuable feedback to our organization and programs through program evaluations, licensing, certifications, satisfaction surveys, focus groups, and community needs assessments.



CCDPB adapts Deming’s model of Plan, Do, Check, Act as our internal PQI philosophy, utilizing this model in every aspect of organizational and program operations, continually moving towards a continuous feedback loop.

PLAN

We plan by developing a 5 year strategic plan to meet our mission and annual program and departmental goals that align with the strategic plan. In addition, our employee performance goals also are developed to align with program/departmental and ultimately the organizational strategic plan. Everything then is aligned with and – driving - our mission.

DO

Our programs and services are delivered, and clients are served to encourage and empower people in need within the Diocese of Palm Beach.

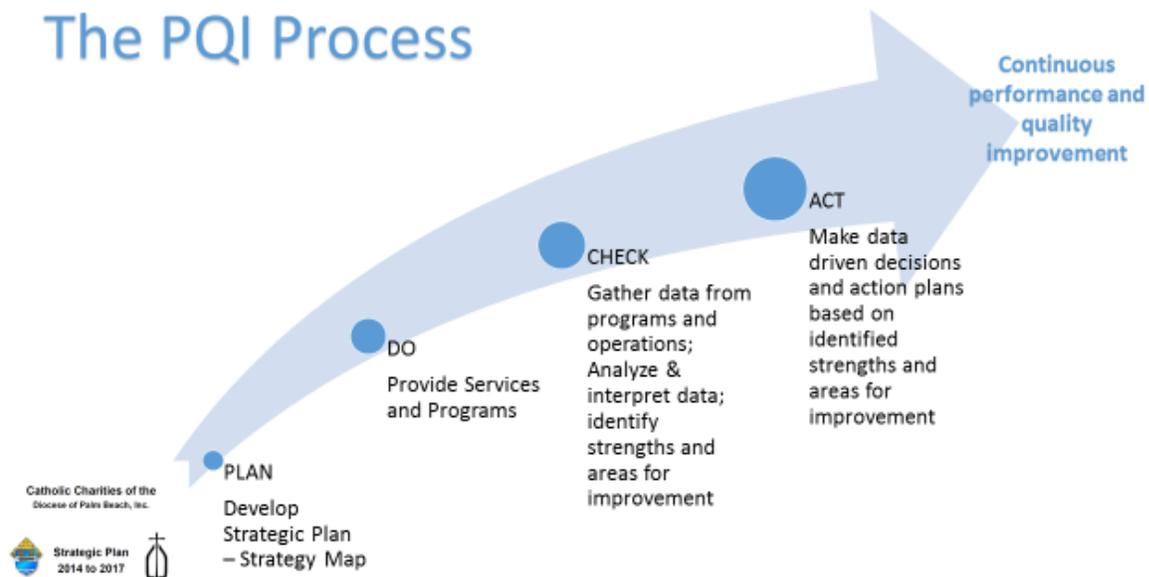
CHECK

Through our eight programs, we collect and aggregate data on clients served and services/programs delivered on a monthly and quarterly basis. Some of this data is translated to our program dashboard. Administrative data is also gathered and translated to our administrative dashboard. The PQI Committee reviews our dashboard data against administrative and program goals and outcomes. This allows us to identify strengths and areas for improvement.

ACT

Through our review above (CHECK), the PQI Committee can recognize and acknowledge areas of strength and develop action plans for identified areas of improvement based on data driven decisions. The data is then reported to various stakeholders.

The PQI Process



COMMITTEE STRUCTURE

Our PQI committee structure is designed to balance formally assigned departmental/ programmatic roles with flexibility to tap specialized knowledge and expertise of staff, volunteers, and other stakeholders. Responsibility for PQI is vested in the PQI committee, led by our PQI Administrator. The PQI Committee meets quarterly.

- Senior Administrators
 - Executive Director
 - Associate Director
 - PQI Administrator
 - HR Director
- Board President or designee
- 1 Appointed Program Director (to rotate annually)
- 1 Appointed CQI Team Lead (to rotate annually)

Committee membership is comprised of senior leadership, to include our Board President or designee, the Executive Director, Associate Director, HR Director, 1 Appointed Program Director, and 1 Appointed CQI Team Lead in order to provide effective and broad representation of the organization and its operations.

Members appointed by our Executive Director are rotated annually and done in consultation with the PQI Administrator. The purpose of the appointed members and annual rotation is to ensure representation from all staff, departments, and programs, while also managing the size of the PQI committee.

The PQI committee coordinates the agency PQI planning processes, and ensures proper monitoring of both long term and short term goals (from the strategic plan and dashboards). The committee helps select appropriate indicators by developing an organizational strategy map, conducting data analysis, and identifying actions needed based on the data analysis. All quality improvement activities are monitored through the PQI committee utilizing committee and program reports, dashboards, and any additional sources deemed necessary to appropriately identify trends and develop action plans. On Occasion the PQI Committee will draw upon external reviews of CCDPB and our programs. The PQI Committee formally reviews staff understanding of, investment in, and support for agency operations through an annual employee satisfaction survey.

PQI Committee



CQI Teams

Additional functional responsibilities and roles are assigned to up to 6 CQI Teams, which may change annually to fit organizational needs (as determined by the PQI Committee Annually). The CQI teams work on improvements in performance and quality in their specified area. As of 2016-17, the CQI Teams consisted of:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Professional Development/ Training 2. Internal Communications 3. External Communications | <ol style="list-style-type: none"> 4. Environmental Concern 5. Advocacy 6. Community Service |
|---|---|

The CQI Teams provide opportunity for the inclusion of all full-time employees in the PQI process and allow the organization to delve deeper into potential opportunities for performance and quality improvement in our departmental and programmatic areas.

All full time and part-time employees are encouraged to participate in one CQI Team annually. At the beginning of each fiscal year employees are invited to participate in a survey, selecting their top 3 preferences of team choice, and they are then assigned a team. Continuity in team participation is encouraged and naturally occurs, although when someone wants to change their committee after a year, they can in order to find their best fit.

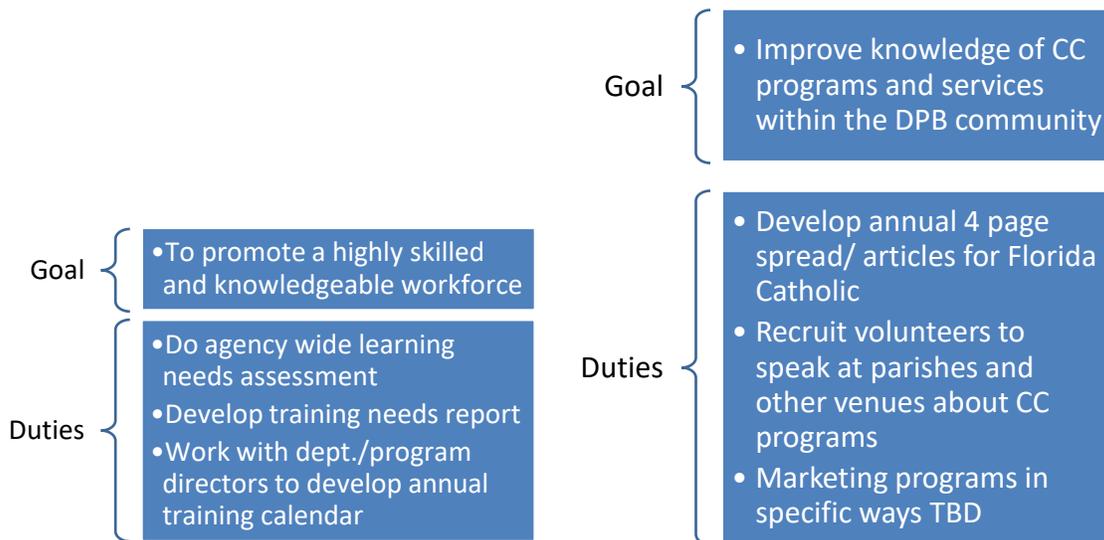
The committees are required to meet quarterly, and elect a committee lead, coordinator, and secretary to ensure productivity and effectiveness. Program and ministry directors are discouraged from acting as Committee Leads in order to give direct line staff opportunities to play a leadership role in the organization.

While CQI Teams may change annually, they typically do not in order to keep the momentum and work flowing. However, the PQI Committee analyzes the team structure and makeup annually, and may make changes as needed.

Example CQI Team Goals and Objectives:

Professional Development/Training Team

External Communications Team



MEASURES AND OUTCOMES

A. Strategy Map – why we measure, what we measure

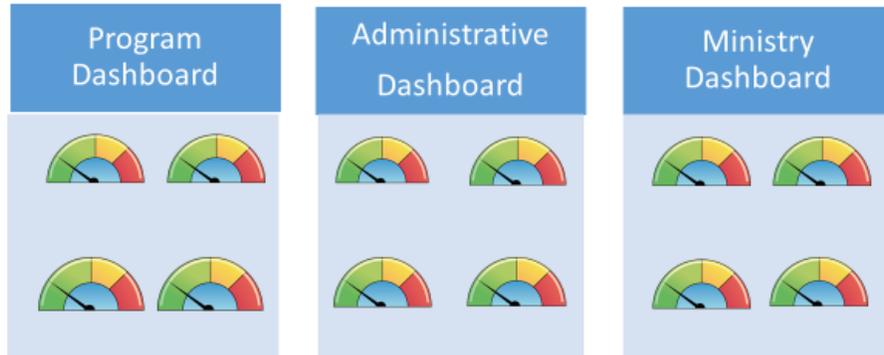
- Goal 1: Increase total overall net income over previous year actual by 5% per year from any and all sources except bequests and diocesan subsidies.
- Goal 2: Ensure that all Catholic Charities programs align with our mission and meet critical community needs.
- Goal 3: Increase agency wide efficiency in the administration and delivery of services through more effective use of technology.
- Goal 4: Strengthen the agency Performance Quality Improvement and Continuous Quality Improvement processes.
- Goal 5: Increase agency visibility and public relations efforts.

The value of Catholic Charities of DPB's use of a strategy map is to align our organizational goals and program initiatives with our defined mission and long term strategic outcomes. This ensures better understanding, so all employees appreciate how each measurement aligns to our higher level strategic outcomes.

B. Dashboards – Specific Measures

Our Dashboard is a performance management tool and report used by our PQI Committee and Senior Directors to keep track of our administrative, programmatic and ministry performance, aligning with our organizational strategy map and includes more specific measures. For transparency, the document is updated monthly/quarterly and available for all staff to view on our employee S drive.

Dashboard Metrics

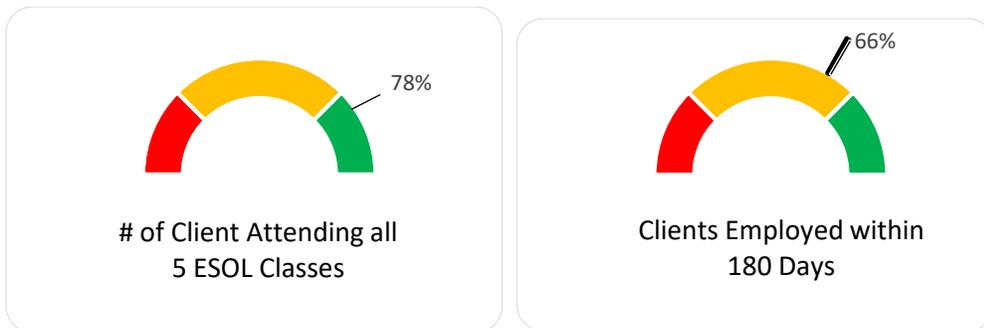


Available always for all staff and board to view on the Employee S Drive

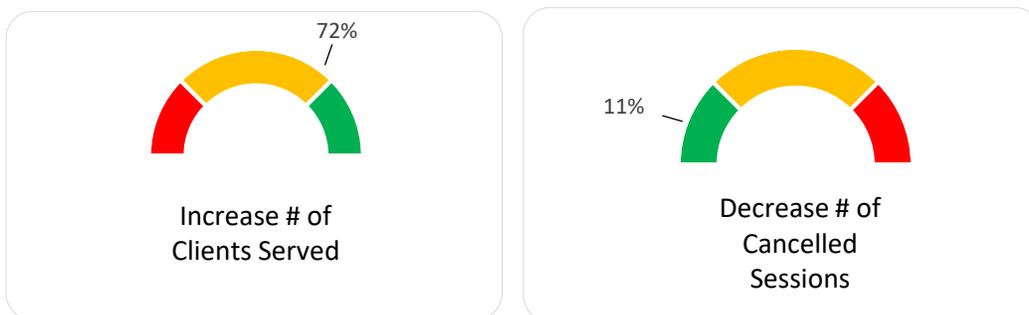
Examples of potential measures on our dashboard are depicted below. The dashboard is a living document, updated as needed to best visualize and measure our program and department performance.

The actual dashboard would display data for each program in an easy to view, visual format using red, yellow, and green to indicate where the program stands with regard to each measure. Examples are depicted below.

Example from our Refugee and Resettlement Program:



Example from our Counseling Program:



C. Case Record Reviews

Case record reviews are completed by peer review processes in each program in addition to program administrator/ director review. These reviews include checking our files against Council on Accreditation (COA) standards as well as specific program grant requirements. A random sample of files, both open and closed, are selected for review quarterly using a standard sampling method depending on the capacity of the program.

Case record reviews are an important part of our PQI process. It is an important piece of data collection in documenting the quality of services delivered as well as identifying areas of strength and areas for improvement in program services. Catholic Charities DPB uses a case record checklist to verify the presence or absence of required documents and signatures in all case records. Other data analyzed in a care record review include:

- presence or absence of required forms
- appropriateness of the case
- intake/referral process
- timeliness and comprehensiveness of individualized assessments
- service planning milestones
- length of service and need for continued service
- documentation of progress and case notes
- family involvement in service planning
- achievement of service goals
- discharge summaries/planning

On a quarterly basis, program directors complete a “Quarterly Case Record Review Summary” indicating the number of files reviewed and corrections made as a result. These quarterly reviews help gain an understanding of the condition of the programs case records and help the PQI Committee gain insight into the overall quality of the service and begin to identify strengths and areas for improvement in the quality of their case records.

The PQI Committee reviews the quarterly case record review summaries from our programs. In addition, the Committee may ask for internal audits of programs (by the PQI Administrator) in addition to the program case record reviews in preparation for external audits or to identify/address potential documentation or programmatic concerns. Data based action plans and recommendations may result from the PQI committee’s review of case record reviews or internal audit reports.

D. Management and Operational Performance

Our PQI process, including our long and short term planning tools (strategic plan, strategy map, and dashboards), ensures alignment of our departments and programs so that they are moving CCDPB toward a centralized set of goals outlined on our strategy map, keeping us on track and mission driven. Much of our management and operational performance is measured through our administrative dashboard, which stems directly from our progress on strategic plan goals and tasks.

PQI OPERATIONAL PROCEDURES

A. PQI Operational Procedures



Our PQI operational procedures outline the “Who, what, when, where, and how” describing the process we utilize to carry out our PQI plan. This includes detailing what is being measured, why it is being measured, the data source for the measurement, who is responsible for measuring, the frequency of the measurement, who will aggregate the data and generate reports, and when and to whom the reports will be presented. For the most part, these items have been outlined in our strategy map and strategic plan and presented on our dashboard. We also utilize a document called PQI Operational Procedures worksheet to outline these details. The PQI operational procedures are carried out by our PQI Committee. In our appendix, we have included a PQI infrastructure diagram.

B. Data Collection and Aggregation

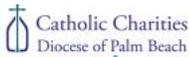


The work of compiling data and measuring outcomes is completed by our programs, departments, and committees. Most of our program data is entered and recorded by staff in our Client Track case management software, an investment we made in 2015. Once all our program data are fully integrated into Client Track, we will have the ability to access system reports and data analysis tools to track program outcomes, which will help us see which programs are yielding the best results. We also utilize our administrative and program dashboards, as well as quarterly program PQI reports, outlining areas of improvement.

C. Data Review and Analysis

The purpose of our data collection and aggregation is not simply to measure performance but also to improve our services and programs, ultimately leading to better client outcomes. This can occur only if data and other information collected are reviewed and analyzed on a regular basis. Once our data are compiled and entered into dashboards by our programs and departments, the PQI Committee analyzes it in order to make meaningful interpretations about our organizational and program performance. We specifically look for areas of strength for recognition opportunities and areas for improvement in practice and programs in order to improve client outcomes. We have set up a schedule to gather and review data on a monthly and quarterly basis.

D. Using Data for Implementing Improvement

 Catholic Charities
Diocese of Palm Beach

Using Data for Continuous Improvement

Services, programs, policies and procedures, organizational structure & processes, or training may be revised

Focused program reviews may be initiated

Specialized processes or staff assignments may be put in place to assist programs that are not performing as expected.



"To live is to change, and to be perfect is to have changed often" John Cardinal Newman (1801-1890)

Each program is asked to work on one data driven "improvement project" or challenge and report on it every quarter through our PQI Quarterly Report Form. The project can be a long term one that carries over quarter to quarter or year to year, a smaller project that changes each quarter, or a project that stems from PQI Committee feedback. The important part is that the programs are using their data (satisfaction surveys, client outcomes, case file reviews, etc.) to identify areas needing improvement and making program changes based on that data.

In addition, our CQI Teams are given specific goals to achieve in relation to their area of improvement (professional development, internal/external communication, community service, advocacy, environmental) and include all FT employees' participation. Insight from a variety of stakeholders is

necessary to understand changes that need to be made and to effectively implement appropriate, improved processes, as well as to develop ownership of the improved processes and systems. That is why our PQI Committee and CQI Teams are made up of a variety of employees from multiple programs, with varying functional responsibilities: to encourage the change management necessary for data informed improvement initiatives.

E. Communicating Results



Up to now we have been simply collecting and analyzing data; now it's time to do something with it. In addition to the various reports completed by our program directors (Quarterly Case Record Review, Quarterly PQI Report, Dashboard Metrics, Satisfaction Survey data) CQI Teams give quarterly updates on their progress towards goals to the PQI Committee.

Our PQI Committee will engage in meaningful discussion about the results of the data collected and will decide how results of our analysis will be communicated to staff and our stakeholders for follow through on opportunities for both recognition and improvement/work plans.

The PQI Committee determines the best way to communicate to our various stakeholders and crafts our message to each group accordingly.



At Catholic Charities we know that by reporting our results, we communicate our commitment to quality improvement. Extensive data collection, review, analysis, and improvement plans/actions are pointless if those results are not communicated to our stakeholders who have to engage in the required action plan, and will be impacted by the changes. It is the desire of CCDPB to provide clear, timely, and accurate information to our staff, board, and other stakeholders to increase their ability to participate in, conduct, and continuously improve performance and quality in our services, programs, management and agency operations. We communicate our results in a variety of ways; through our annual report, presentations to our board, our annual insert in the Florida Catholic newspaper, postings on social media and our dashboards, as well as other internal and external communications.

F. Assessment of the Effectiveness of the PQI Process

Assessing the Effectiveness of the PQI Process

At least once per year, the PQI committee will ask itself		
Are we exercising due diligence?	Is the PQI process & structure useful?	Did it perform its desired function?



At CCDPB, we are called to provide meaningful and measurable evidence of the results of our services to our stakeholders, community, and ourselves. We acknowledge that good intentions and goals are not enough to guarantee results. That is why the overall effectiveness of our PQI process is assessed annually by our PQI committee. At least once per year the PQI committee will consider if we are exercising due diligence, if our process and structure are useful, and if the process is performing its desired function.

SUMMARY

Catholic Charities DPB is committed to maintaining an organizational structure and culture promoting continuous performance and quality improvement. We work hard to collect, aggregate, and analyze our program and departmental performance data on a consistent basis to ensure we are always improving and staying on course to fulfill our mission.

APPENDIX

Case Record Review Checklist

Client Satisfaction Summaries Report

Peer File Review Form

PQI Quarterly Updates Report

PQI/CQI Infrastructure Diagram

PQI Operational Procedures Worksheet

Quarterly Case Record Review Summary

CASE RECORD REVIEW CHECKLIST

Client Name: _____ ID#: _____ Program: _____

Initial Case Manager: _____ Initial Date: _____

This form should be updated with additional dates every time there is interaction with this client.

Intake					
Intake information will contain:	Yes	No	N/A	Comments	Date(s)
Biographical and other identifying information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The nature of the problem/ Reason for requesting or being referred for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Documents of guardianship or any court orders related to the service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Copies of any Release of Information Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation of any contact with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Signed copies of all consents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TB Assessment Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ebola Virus Disease Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Signed Client's Rights & Responsibilities Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Assessment					
An assessment based on the intake will be developed which includes:	Yes	No	N/A	Comments	Date(s)
Identification of the client's unmet service needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Explanation of benefit of services, alternatives, consequences, and risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Identified concerns addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural adjustments implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Completed within established timeframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Service Plan					
A service plan based on the assessment will be developed which includes:	Yes	No	N/A	Comments	Date(s)
Signed Participation Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Service goals and desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A timeframe for achieving goals and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Identifies who will provide specific services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A regular review of progress by worker and service recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Service recipient's signature on revised service plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case Records					
Case Records must include:	Yes	No	N/A	Comments	Date(s)
Quarterly Supervisory Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quarterly Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Client progress toward achieving service goals and desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation of ongoing services by agency or referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case Closing Summary					
Case Closing Summary will include:	Yes	No	N/A	Comments	Date(s)

Documentation of the notification of any collaborating service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Referrals made for follow-up +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A termination of service assessment and summary re: contracts with public authorities+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A closure review by the supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharge/Aftercare Plan					
Discharge Plan will include:	Yes	No	N/A	Comments	Date(s)
Identify needed/desired services and specific steps to obtain them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharge/Aftercare Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discharge Plan will include:	Yes	No	N/A	Comments	Date(s)
Identify needed/desired services and specific steps to obtain them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Psychological, medical, toxological, diagnostic, and other evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Copies of written orders for medications/special treatment procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Court reports, documentation of guardianship +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Client statements in case records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation of client review of his/her case records +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Written approval of management of refusal to permit client review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

+ If applicable ++ With client consent/permission

Client Satisfaction Survey Data Report Form

Program: _____ Report Period: From _____ To _____

Staff member: _____

Please tally the number of responses received from each inquiry on the Client Satisfaction Survey:

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	6 NA
The staff responded to my initial contact in a timely manner.						
I was treated courteously by Catholic Charities Staff.						
I felt safe in the Catholic Charities environment.						
I received valuable services or information to improve my life situation.						
I feel satisfied with the service from Catholic Charities.						

Please tally the number of responses received from each Program specific inquiry:

Insert Program Specific Inquiries below:	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	6 NA

Please provide client comments and suggestions for improvement. Use additional sheets if necessary:

Indicate if any improvements were made, or will be made, in your program as a result of surveys:

Program:

Report Period: To:

From:

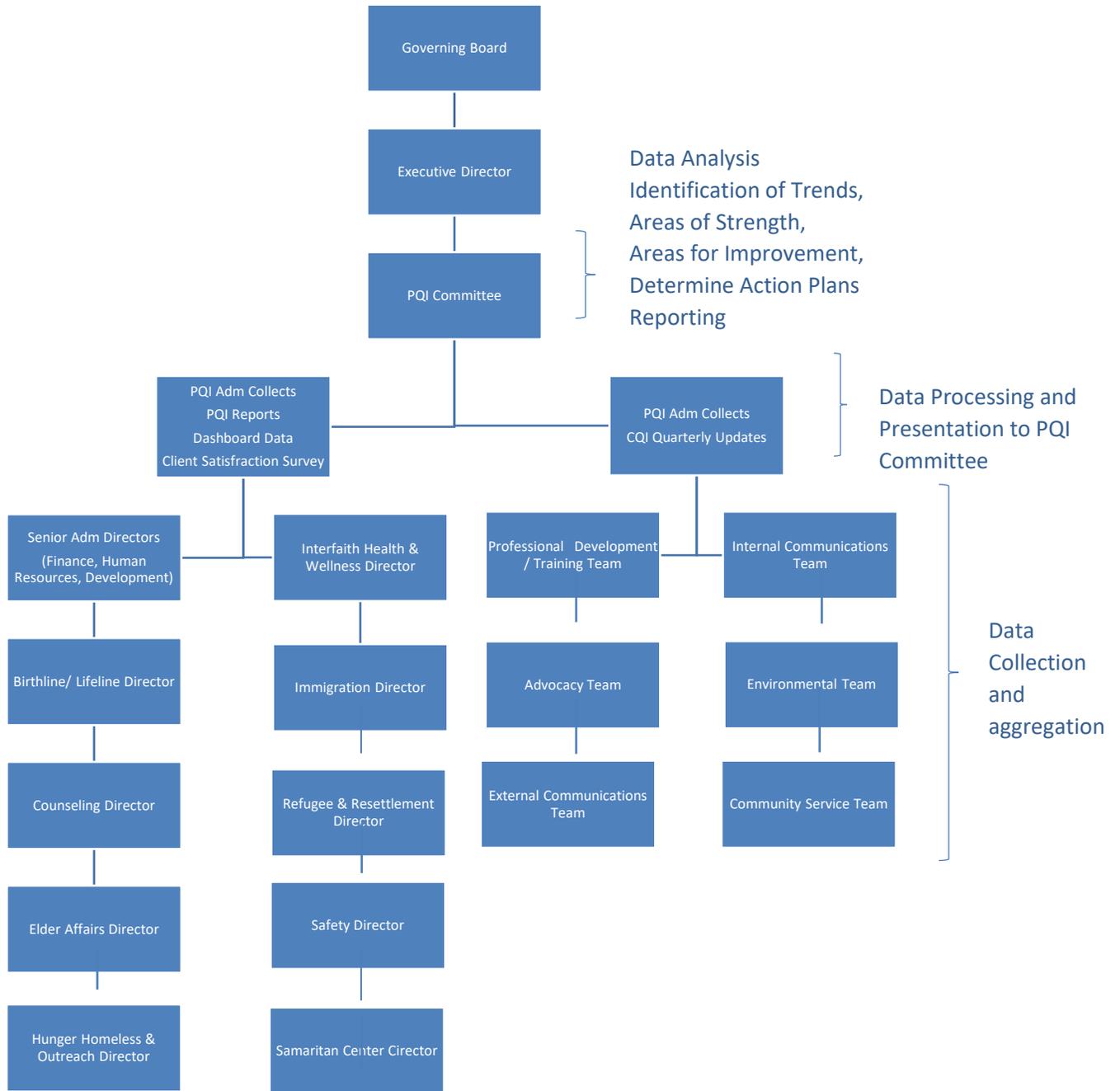
Program Administrator:

Date of this report:

PQI Quarterly Report

Plan	Briefly describe your improvement project			
	<input type="text"/>			
	How will you know that this opportunity was successful?			
	<input type="text"/>			
What data supports the need for this improvement?				
<input type="text"/>				
Is there a budget required, and if so, how is the expense covered?				
<input type="text"/>				
Do	Action Items	Person Responsible	Deadline	Progress
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check & Act	What challenges were encountered?			
	<input type="text"/>			
Describe how the completed project will be integrated into regular practice				
<input type="text"/>				

PQI CQI Infrastructure Diagram



What Is Being Measured?	Why Is It Being Measured?	Data Source	Who Is Responsible?	How/ Frequency?	Tool/How Will Data Be Collected?	Who Will Aggregate Data? How Will Data Be Aggregated and Reports Generated? In What Format?	Who Will Review and Interpret Results? When Will Results Be Reviewed And Interpreted?	Who Will Make Recommendations And To Whom? When Will Recommendations Be Made?	Who Will Implement/ Oversee Recommended Changes?
Quality of case records	To ensure consistency maintain COA and grant compliance	Client case records	Program Directors	Quarterly Teams of program staff will meet quarterly to review records (peer reviews)	Program specific case record review forms	Program Director for the Program PQI Adm. For the agency	Program Director for the Program PQI Adm for the agency	Program Director to program staff quarterly	Program Director
Quality and Quantity Efficiency of Services	Measure Progress toward goals	Dashboard Data	Program Directors	Quarterly	Program Dashboard developed/ maintained by PQI Adm, in S Drive	PQI Administrator	PQI Committee Reviewed and interpreted quarterly and at AQM Meetings	PQI Committee to Program Directors annually	PQI Committee

Client Satisfaction	Quality of Services	Client Satisfaction Surveys	Program Directors	Quarterly	Client Satisfaction Summaries	PQI Administrator	Quarterly and Annual PQI Report	PQI Committee to Program Directors annually	PQI Committee
Program Improvement Projects	Improvements in Programs	Program PQI Reports	Program Directors	Quarterly	PQI Quarterly Report	PQI Administrator	PQI Administrator Quarterly in PQI Report	PQI Committee to Program Directors Annually	PQI Committee
Agency level improvements	To make agency level improvements	CQI reports	CQI Team Leads	Quarterly	CQI Quarterly Update	PQI Administrator	PQI Administrator Quarterly in PQI Report	PQI Committee annually to PQI Administrator in leadership of CQI process	PQI Process

