

CONTINUOUS QUALITY IMPROVEMENT PLAN

Provider Investment Measurement Tool

Agency Name: _____

Agency Main CQI Representative: _____

Agency Main CQI Representative Title/Role(s): _____

Agency Total Compliance Score (Yes/No) _____ (of 100)

Agency Total Investment Score (Scale) _____ (of 80)

Agency Total Compliance/Investment Score:

_____ / _____

Maximum Possible Score: 100 / 80

Compliance Levels (Yes/No):			Yes = 5	No = 0
Investment Levels (Measurement Scale):				
0 (Not at all)	1 (Slightly Acceptable)	2 (Moderately Acceptable)		
3 (Acceptable)	4 (Very Acceptable)	5 (Completely Acceptable)		

	<u>Scale Range</u>	
Compliance <i>(100 Possible Points)</i>		Investment Measurement <i>(80 Possible Points)</i>
< = 59	- 0 Not Acceptable	< = 39
60 – 69	- 1 Slightly Acceptable	40-49
70 – 79	- 2 Moderately Acceptable	50-59
80 – 89	- 3 Acceptable	60-69
90 – 99	- 4 Very Acceptable	70-79
100	- 5 Completely Acceptable	80

- Completed annually on all DCSD network providers involved in the DCSD CQI process.
- Completed at the end of the CQI cycle based on the agency’s participation in that years’ quality improvement cycle.
- Provider Investment Tool results *can be* used by DCSD in decision-making for the agency.

Investment Measurement Items

1. Did the agency attend the mandatory Annual DCSD Informational Session? (10 pts.)

Yes	No	Investment Level: Not applicable
Notes:		

2. Did the agency have the required levels represented from the agency at the Informational Session (A. Management, B. Quality Assurance, C. Change Agent)? (10 pts.)

This is to ensure that any agency barriers are addressed and removed to promote quality improvements.

A. Yes	No	Investment Level: Not applicable
B. Yes	No	
C. Yes	No	
Notes:		
Agency Representative Present Name(s): _____		
Agency Representative Present Title/Role(s): _____		

3. Training Participation

- A. Did the agency attend the annual training (e.g. NIATx, Booster, etc.) offered? (10 pts.)

Yes	No	
Notes:		
Consider who was present, e.g. A. Front line staff, B. Coordinator/ Supervisor, C. Management) at the training offered.		
This is to assess the agency's ability to ensure proper follow through on quality improvement projects is carried out and understood by all staff in the agency at various levels.		
A. Yes	No	Investment Level: 0 1 2 3 4 5
B. Yes	No	Investment Level: 0 1 2 3 4 5
C. Yes	No	Investment Level: 0 1 2 3 4 5
Agency Representative Present Name(s): _____		
Agency Representative Present Title/Role(s): _____		

OR

- B. Did the agency attend any additional and/or subsequent training offered? (10 pts.)

Yes	No	
Notes:		
Consider who was present, e.g. A. Front line staff, B. Coordinator/ Supervisor, C. Management at the training offered.		
This is to assess the agency's ability to ensure proper follow through on quality improvement projects is carried out and understood by all staff in the agency at various levels.		

A. Yes	No	Investment Level: 0 1 2 3 4 5
B. Yes	No	Investment Level: 0 1 2 3 4 5
C. Yes	No	Investment Level: 0 1 2 3 4 5
Agency Representative Present Name(s): _____		
Agency Representative Present Title/Role(s): _____		

4. Did the agency complete and submit the action plan within the specified time frame? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

5. Did the provider accommodate and participate in the DCSD site visit? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

6. Did the agency participate in any follow-up NIATx and/or DCSD technical assistance (TA) visits and/or calls? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

7. Were follow-up efforts from the TA visits/calls made by agency? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

8. Did the agency attend the bi-monthly Provider Forum Meetings? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

9. Did the agency complete a change and/or program improvement project? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

10. Did the agency attend the bi-annual contract renewal meeting? (If applicable) (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		