



مهارات Maharat

Learning Center مركز تعليمي

QUALITY IMPROVEMENT PLAN 2018

Table of Contents

1.	Purpose & Objective	3
2.	Scope.....	3
3.	Definitions and Abbreviations	3
4.	Quality Improvement Plan for 2018.....	3
5.	QIP Activities for 2018	4
5.1	Social Care Performance Measures Selected	4
5.2	Managerial Performance Measures Selected	5
5.3	Self-Assessments	6
5.4	Risk Management.....	6
5.5	Client Satisfaction Survey	7
5.6	Client and Visitor Complaints.....	7
5.7	Employee Performance Evaluations	7
5.8	Reports from Accrediting and Certifying Organizations	7
5.9	Document Control – 2018 Policy and Form Review	7
5.10	IT Projects - Automation of Processes across the Organization	7
5.11	Standardization of our Customer Services, Communication and Public Image.....	8
6.	Related Documents / References	8
7.	Amendments.....	8
8.	Attachments.....	8
	Attachment A - Policy Authorization Page.....	9

1. Purpose & Objective

- 1.1 Maharat Learning Center (MLC) is committed to providing its clients with the highest quality of client care in a safe and friendly environment. This Quality Improvement Plan (QIP) for 2018 demonstrates the Centers' commitment to continuous quality improvement, and outlines the MLC activities that will be monitored as part of the QIP in 2018.

2. Scope

- 2.1 The QIP for 2018 is applicable to all staff at MLC. The plan will cover aspects of MLC activities that all staff will be expected to participate in for continuous quality improvement.

3. Definitions and Abbreviations

- 3.1 **MLC:** Maharat Learning Center
 3.2 **CEO/MD:** Chief Executive Officer / Managing Director
 3.3 **HR:** Human Resources
 3.4 **QCBD:** Quality Compliance & Business Development Manager
 3.5 **HOD:** Head of Department
 3.6 **CDA:** Community Development Authority
 3.7 **QIP:** Quality Improvement Plan
 3.8 **QI:** Quality Improvement
 3.9 **CSR:** Corporate Social Responsibility
 3.10 **KPI:** Key Performance Indicator
 3.11 **SOP:** Standard Operating Procedures
 3.12 **HSE:** Health, Safety & Environment

4. Quality Improvement Plan for 2018

- 4.1 The annual QIP will involve all aspects of MLC's functions and will include the following activities at a minimum:
- Performance measures of social care services
 - Performance measures of administrative services
 - Self-assessments including but not limited to:
 - Infection Control Inspections
 - Client Record Audits
 - HSE Inspections
 - Risk Assessment and Incident Reporting
 - Client Satisfaction Surveys
 - Client and Visitor Complaints
 - Employee Performance Evaluation
 - Reports from Accrediting and Certifying Companies
 - Document Control

4.2 Additionally, in 2018, the company plans to introduce and/or complete the following QI activities/initiatives:

- Document Control – revision of company policies and forms, establishment of policy for document control, establishment of policies and forms required. Translation of key documents/key online resources into dual Arabic/English language.
- IT Project - automation of processes across the organization.
- Standardization of our Customer Services, Communication and Public Image.
- Development of Risk Management Policy and Risk Register.

4.3 Data will be collected as stipulated herein, monthly, quarterly, six monthly or annually, depending on the activity being measured.

5. QIP Activities for 2018

5.1 Social Care Performance Measures Selected

5.1.1 For 2018, the Center has selected the following Social Care performance measures to record and analyze:

1. Percentage of enrollment records including two identifiers
2. Percentage of enrollment records that is complete, timely and legible
3. Percentage of obtaining informed consent in the enrollment record as per Informed Consent Policy (QM004)
4. Percentage of client' who received care at the facility and had a documented program

5.1.2 Social Care Performance Measure Profiles:

1. Title: Percentage of enrollment records including two identifiers

- a) Purpose: to know the percentage of clients' enrollment records having two identifiers compared with the previous month, for improving accuracy of documentation and continuity of care.
- b) Numerator: total number of audited client files including two identifiers during the month
- c) Denominator: total number of audited files during the month
- d) Data Source: enrollment records
- e) Frequency of data collection: monthly

2. Title: Percentage of enrollment records that is complete, timely and legible

- a) Purpose: to know the percentage of clients' enrollment records that are complete, timely and legible compared with the previous month, for improving documentation and continuity of care.
- b) Numerator: total number of audited clients' enrollment records that are complete, timely and legible during the month
- c) Denominator: total number of audited files during the month

- d) Data Source: enrollment records and enrollment records audits
- e) Frequency of data collection: monthly

3. Title: Percentage of obtaining informed consent in the client enrollment records as per Informed Consent Policy

- a) Purpose: to know the percentage of clients' enrollment records that have the informed consent process as per Informed Consent Policy compared with the previous month, for improving documentation and continuity of care.
- b) Numerator: total number of audited client files that has the informed consent process during the month
- c) Denominator: total number of audited files during the month
- d) Data Source: enrollment records audits
- e) Frequency of data collection: monthly

4. Title: Percentage of clients' who received care at the facility and had a documented program

- a) Purpose: to know the percentage of clients' records who had a documented program, for improving documentation, quality and continuity of care.
- b) Numerator: total number of audited client files that had a documented treatment plan during the month
- c) Denominator: total number of audited files for clients who received care at the facility during the month
- d) Data Source: enrollment records audits
- e) Frequency of data collection: monthly

5.2 Managerial Performance Measures Selected

5.2.1 For 2018, the Center has selected the following managerial performance measures to record and analyze:

1. Percentage of new clients
2. Percentage of resolved and closed administrative complaints within 7 days
3. Percentage of resolved and closed social care complaints within 21 days
4. Percentage of enrollment records audited

5.2.2 Managerial Performance Measure Profiles:

1. Title: Percentage of new clients

- a) Purpose: to know the number of new clients on monthly basis compared with the previous month, for business development and sustainability.
- b) Numerator: total number of new clients during the month
- c) Denominator: total number of clients visited the facility during the month
- d) Data Source: Client Relations monthly report
- e) Frequency of data collection: monthly

2. Title: Percentage of resolved and closed administrative complaints within 7 days

- a) Purpose: to monitor if complaints are closed within defined limits stated in the Client Concern & Complaints Policy on monthly basis compared with the previous month, to ensure client satisfaction.
- b) Numerator: total number of managerial complaints resolved and closed within 7 days during the month
- c) Denominator: total number of administrative complaints received during the month
- d) Data Source: Complaint Folder, Client Relations monthly report
- e) Frequency of data collection: monthly

3. Title: Percentage of resolved and closed social care complaints within 21 days

- a) Purpose: to monitor if complaints are closed within defined limits stated in the Client Concern & Complaint Policy on monthly basis compared with the previous month, to ensure client satisfaction.
- b) Numerator: total number of complaints resolved and closed within 21 days during the month
- c) Denominator: total number of complaints received during the month
- d) Data Source: Complaint Folder, Client Relations monthly report
- e) Frequency of data collection: monthly

4. Title: Percentage of enrollment record audits complete

- a) Purpose: to know the percentage of clients' enrollment records that were audited compared with the previous month, for ensuring all active enrollment records are audited on a six monthly cycle as per the Client Records Policy.
- b) Numerator: total number of audited clients' enrollment records available to audit
- c) Denominator: total number of audited files during the month
- d) Data Source: enrollment records audits
- e) Frequency of data collection: monthly

5.3 Self-Assessments

- 5.3.1 The QCBD Manager and/or assigned staff shall conduct the following self-assessments as part of the QIP for 2018.
 - a) Infection control audits – weekly
 - b) Enrollment Record audits - monthly
 - c) HSE inspections – monthly

5.4 Risk Management

- 5.4.1 The QCBD Manager shall implement a Risk Management Policy and draw up a Risk Register within Q1 of 2018.

5.4.2 Results and findings from risk management activities including findings from adverse incidents and risk assessments shall be used to set further QI objectives, performance measures or QI projects for 2018 as needed.

5.5 Client Satisfaction Survey

5.5.1 The QCBD Manager and/or assigned staff will issue a Client Satisfaction Survey to all active clients in, via the subscribed online survey system and email request to clients.

5.5.2 Client satisfaction survey results are aggregated and analyzed to ensure compliance with customer service objectives which employs the ongoing use of client satisfaction feedback to monitor improvement in clients' perception of care and service delivery.

5.6 Client and Visitor Complaints

5.6.1 Client and visitor complaints are to be managed in accordance with Client Concern & Complaint Policy (CR008). Findings from client and visitor complaints may be used to set further QI objectives, performance measures or QI projects.

5.7 Employee Performance Evaluations

5.7.1 Employee performance evaluations may be used to set performance improvement objectives and set personal or shared key performance indicators, and to develop further QI objectives, performance measures or QI projects in 2018.

5.8 Reports from Accrediting and Certifying Organizations

5.8.1 Reports from periodic surveys and inspections from the Community Development Authority (CDA), and/or other invited or mandatory surveys or audits may identify areas and opportunities for improvement. Highlighted deficiencies in standards or regulatory compliance will be incorporated in the QI Plan for 2018 and used to develop further QI objectives, performance measures or QI projects in 2018.

5.9 Document Control – 2018 Policy and Form Review

5.9.1 All policies, processes and forms shall be reviewed, updated and circulated during 2018, and the document control register updated in line with all current and active policies and forms utilized by MLC.

5.10 IT Projects - Automation of Processes across the Organization

5.10.1 The company has developed an internal Child-Pro CRM system and automation of the following departments/processes will be reviewed and implemented in 2018:-

- HR: all HR records and forms fully automated

- Behavioral Intervention: Logbooks to fully automated
- KPI automation
- Complaint Management System
- Client feedback and satisfaction surveys
- Management Platform
- CSR and Event Platform
- Data Analytical Software

5.11 Standardization of our Customer Services, Communication and Public Image

5.11.1 As a new organization, it is important to ensure continuity of our customer services, communication and public image. In order to ensure continues quality and improvement, the following initiatives and projects will be launched in 2018:-

- Development and training on Standard Operating Procedures (SOP) for Client Relations and client facing staff
- Create the customer experience and journey across all departments at any time
- Design of brochures, social media, website
- Standardizing the social communication channels through templates, scripts and brand guidelines
- Automation project (as referred above)
- Create instant feedback following each social care assessment to monitor client satisfaction with social care team

6. Related Documents / References

QM002	Quality Management Policy
QM004	Informed Consent Policy
CR008	Client Concerns & Complaints Policy

7. Amendments

7.1 This policy will be reviewed every two years at a minimum, or as required.

8. Attachments

8.1 Attachment A: Policy Authorization Page

Attachment A - Policy Authorization Page

Creation Date: January 2018		Created By: Dr. Hibah Shata & Karen Evans	
Revision Date	Edited By	Version Number	Next Review Date
January 2018	Karen Evans	V.1	January 2019

Approval Signatory:

Name: Dr. Hibah Shata

Designation/Title: Chief Executive Officer / Managing Director

Date: 31 January 2018

Signature: _____

Company Stamp: