Community Services
FOR EVERY1

Quality Assurance and Quality Improvement Plan

I.   Purpose

The Quality Assurance and Improvement Plan (QA/QI Plan) is a guide designed to assess, enhance, measure, and improve the quality of services, programs, and agency operations within the available resources and achievable goals of Community Services for Every1. The Agency believes that a strong commitment to Quality Assurance and Quality Improvement helps us achieve our vision to strive for excellence by supporting partnerships, creating solutions and fulfilling the dreams of the people we provide services to in the Western New York community. Community Services also believes that committing to continuous quality improvement will allow us to provide highest quality services to people who need them for the best value for the funders who pay for those services. The plan provides the mechanism to measure and manage information between programs and people receiving services, to monitor agency wide progress, and resolve identifiable problems and to improve services. It is intended to be an ongoing process that will evolve and change in conjunction with the needs of the programs and people receiving services. Implementation of the plan will assist the agency in monitoring and improving services, operations, and accountability.

The Plan also evaluates Basic Assurances® under the agency CQL Quality Assurance Accreditation. The Basic Assurances® look at the provision of safety measures put into action from the person's perspective. The Basic Assurances® require policies and procedures, or 'systems,' while the effectiveness of the system is determined person by person. These assurances are not statements of intent; rather, they are the essential, fundamental and non-negotiable requirements.

II.   Goal of the Quality Assurance and Improvement Plan

Quality Assurance is defined as:"A systematic pattern of actions that is constantly optimizing service delivery, productivity, communication, and value within the agency. It includes activities intended to assure or improve the quality of services and agency operations. The concept includes the assessment or evaluation of the quality of care or work performance and the identification of problems or shortcomings.

Quality Improvement is defined as: "Activities designed to overcome identified deficiencies, improve services or agency operations, and follow-up monitoring to ensure effectiveness of corrective steps."

The goal of the QA/QI Plan is to identify, document, and correct known or suspected deficiencies found in service delivery or other areas of agency operations, and continue to measure, monitor and improve outcomes. In addition, the plan will serve as a mechanism for communicating exceptional service delivery and best practices related to The Basic Assurances®. Through the QA/QI Plan, programs and services will be monitored throughout agency to ensure that people receiving services receive the highest quality of services in a healthy and safe environment. In addition, the plan will serve as a guide on how to address other identified areas in the agency in need of improvement.

III.   Objectives

The following objectives are the focus of the QA/QI Plan:
- Develop and implement ongoing monitoring systems and auditing tools for identifying strengths, problems or opportunities to improve services.

- Establish a framework that demonstrates accountability for quality services and operations to the Board of Directors and Executive Leadership.
- Provide a structure for agency-wide measurement and improvement of performance indicators, including service delivery, program outcomes, Basic Assurances®, and compliance. The indicators will:
  - Relate to the mission, vision and values of Community Services.
  - Describe achievement of program and organizational goals.
  - Identify opportunities for improvement of outcomes.
  - Facilitate the evaluation of similar processes within Community Services.

- Determine the origin and extent of identified problems. Set precedence for the resolution of identified problems such as developing Focus Groups, policies and procedures, recommending equipment, staffing changes, staff training, environmental improvements or facility changes, etc.
- Facilitate the improvement of the record review processes and procedures throughout the agency by providing ongoing education and training of staff in agency-wide quality.
- Assure that the services provided by Community Services meet the standards of certification and other professional/regulatory requirements.
- Assure that compliance standards as outlined in the agency Corporate Compliance Plan are adhered to.
- Instruct, communicate, and support the concept of quality improvement in all facets of business, in order to integrate the real work with the management of quality.

IV. Responsibilities

The Director of Quality Management is responsible for implementing and coordinating the plan to ensure that the necessary staff is aware of identified problems and solutions, and to prevent duplication of efforts.

All Community Services programs and staff are responsible for establishing and maintaining a working relationship that is committed to improving and protecting the quality of services and agency operations. Whether the relationship to the person receiving services is direct or indirect, the operational procedures of each department ultimately affect the quality of services that are provided. The senior leadership of Community Services and the Board of Directors members ensure that all Agency staff protect the people who are receiving services and maintain a strong commitment to quality. This commitment is monitored through board subcommittees, cross functional work groups made up of all levels of Agency staff and reports reviewed by senior leadership on a regular basis.

V. Person Centered Services
Community Services for Every1 strives to provide person centered services. We recognize that individuals need the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, integration and inclusion in all facets of community life. The following service delivery systems will assist the agency in achieving quality organizational results:

A. **Person Centered Planning** - Involves establishing a partnership with an individual and his or her family to create a compelling image of a desirable future and inviting participation to achieve those goals (Butterworth et al., 1997).

Elements of Person Centered Planning are as follows:
- The empowerment of the individual.
- The use of natural support.
- A changing role for professionals in service planning.
- The use of a facilitator.
- An opportunity for redefining the person for all participants.
- A clear, unrestricted vision of the future.
- An opportunity for creative brainstorming.

B. **Support Model** - Is grounded in the philosophy of normalization and involves many providers/disciplines working as a team, analyzing a variety of assessments, observations and interactions with the Individual. The level of support is based on the strengths and limitations of

the person and his or her environment. It requires efforts that can help individuals be supported by their communities and have opportunities to contribute to their communities. The support model requires that individuals and the people providing direct supports be empowered.

C. **Personal Outcome Measures** - A method of exploration to identify people's quality of life outcomes, plan supports and information about individual outcomes. It is a discussion between a person who receives our services and a POMs Interviewer to determine how well Community Services for Every1 is supporting the person in achieving those outcomes. Personal Outcomes are important because they place listening and learning from the person as the center of the agency, ultimately fulfilling our mission. Not all outcomes will be present for each person, and supports may not always be there either. The goal is to learn and grow through this process and build in supports as needed.

VI. The Fundamentals of Improvement

A. Setting Aims
Improvement requires setting aims. An organization will not improve without a clear and firm intension to do so. The aim should be expressed in specific terms. For example, reduce the number of Serious Reportable Incidents by 15% or improve the satisfaction rates regarding choice by 10%.

B. Establishing Measures
Qualitative measures need to be used to determine if a specific change actually leads to an improvement. For example, is the number of Serious Reportable Incidents decreasing? Is satisfaction regarding choices improving? Has staff retention improved?

In addition, it is important to ensure that any changes designed to improve one part of the system are not causing problems in another part of the system. For example, teams working together to improve satisfaction regarding choice should also make sure that there hasn't been an increase in poor choices resulting in an unintended increase in incidents.

C. Testing Changes
All improvement requires making changes, but not all changes result in improvement. Community Services is dedicated to improving the quality of services, however it is essential to identify those changes that are most likely to result in improvement.

The following items need to be considered when new services or processes are being developed or when present services and processes are being redesigned:

- The organization's mission and strategic plan.
- Individuals, community and agency needs.
- Information about performance and outcomes of processes.

VII. Components

A. Methodology/Focus

Change and process are usually found together because the change that is going to be implemented will generally manifest itself in a series of processes that, taken together, serve as a type of methodology.

Community Services for Every1 has adopted the "FOCUS-PDCA Model" as its methodology for measuring organizational performance improvement activities.

The FOCUS-PDCA Model was developed by W. Edward Deming and improving process. The Model's name is an acronym that describes the basic components of the improvement process. The steps include:

F ind a process to improve

O rganize an effort to work on improvement

C larify current knowledge of the process

U nderstand process variation and capability

**S** elect a strategy for continued improvement

PDCA is an acronym for Plan, Do, Check, Act. The PDCA cycle is a way of continuously checking the progress in each step of the FOCUS process.

The Model has two parts:

1. Three fundamental questions, which can be addressed in any order.

What are we trying to accomplish?

How will we know that a change is an improvement?

What Changes can we make that will result in improvement?

2. The Plan-Do-Check-ACT (PDCA) Cycle to test and implement changes in real work settings.

Plan

Do

Check

Act
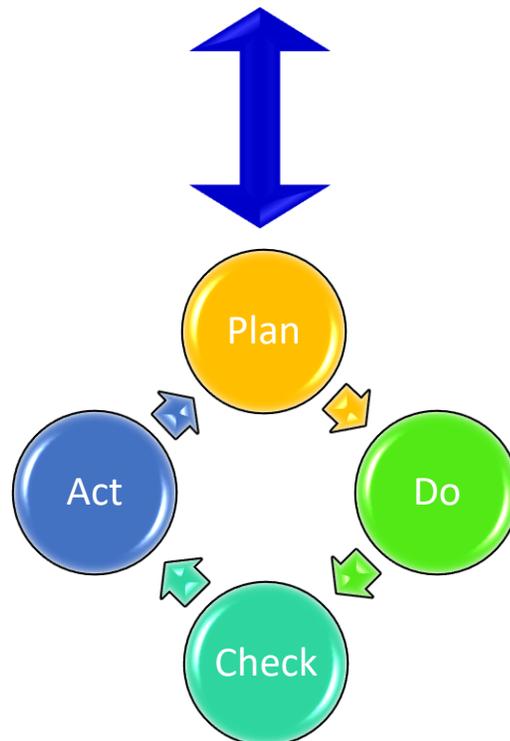
B. Process

Teams -The following teams have been identified as essential elements of the Quality Assurance and Quality Improvement Plan.

1. **Quality Assurance and Quality Improvement Standing Committee -** This committee will serve as an oversight body for all Quality Assurance and Quality Improvement activities that directly or indirectly affects people's services. The Quality Assurance and Quality Improvement Standing Committee is a cross-functional group identified by the V.P. of Program Support & Development to direct the execution of the QA/QI Plan. Where appropriate, this committee may ask that people receiving services participate. This committee will help evaluate and direct agency performance that exhibits high quality services. The Quality Assurance and Quality Improvement Standing Committee concentrates on the agency's quality activities and communicates these actions through the V.P. of Program Support & Development to the Quality Assurance and Quality Improvement Board Committee. The following are responsibilities of the Standing Committee:

   - Establishes expectations and priorities for agency performance improvement efforts.
   - Bi-monthly the Director of Quality Management will send out the QA QI Reports to the QA QI Committee members for pre-reading.
   - Bi-monthly programs will attend the QA QI Meeting prepared to discuss the progress made on the QI Plans that they are currently working on.
   - Plan and direct a course of action to measure, review, and improve.
   - Evaluate on an ongoing basis, activities related to Individual satisfaction and measurement of program outcomes.
   - Continue a quality improvement focus on agency initiatives including needed policies and procedures.
   - Identifies priorities for Quality Improvement Teams through the ongoing review of quality review data.
   - Provides support and acknowledgment for performance improvement efforts.

   In addition, the Quality Assurance and Quality Improvement Standing Committee will conduct ongoing assessment activities across departments making comparisons of similar programs utilizing the data collected through current quality review systems. Further assessments of agency services and related processes will be conducted when one or more the following criteria have been met:

   - When Community Services wishes to improve good performance.
   - When staff identify processes in need of improvement.
   - In response to negative events or patterns of negative events.
   - In response to outstanding performance evaluations conducted internally or by external review bodies. Outstanding performance may be positive or negative.

2. **Quality Improvement Team** – Quality Improvement Teams will be formed in response to the analysis of internal and external data. Priority for team efforts will be directed toward services that are important to the people we serve. Teams will be established when specific processes or areas of improvement are identified. The Quality Assurance and Quality Improvement Standing Committee will initiate these teams. The V.P. of Program Support & Development is responsible for the initial formation of the teams and will assist in the development of the purpose of the team, selecting a team leader, and projected completion date. Membership of the team will be identified by the Quality Assurance and Quality Improvement Standing Committee and will include the departments and staff, which have the

greatest knowledge, and impact on the identified needed improvement. A Facilitator will be identified within each team to ensure progress. The Facilitator does not take the role of leader. Their purpose is to deal only with the process, especially with keeping the group on task. Written progress reports will be provided to the Quality Assurance and Quality Improvement Standing Committee monthly by means of the V.P. of Program Support & Development.

Table 1- Team Types

Type	QA/QI Standing Committee	QI Team
Definition	A Standing Team formed to continually improve processes and services. They continually look for areas in need of improvement and meet to address these issues.	A Quality Improvement Team is formed to improve a specific process identified by the QA/QI Standing Committee within a limited amount of time
Membership	Cross-section of Management and Specialist.	Cross section of department staff, which have the greatest impact on the identified needed improvement. The team leader will be management level.
Time Orientation	Ongoing and long term	Limited and short term

C. Root Cause Analysis

From time to time it may be necessary to implement a Root Cause Analysis to organize the effort to work on improvement. Root Cause Analysis evaluates a specific adverse or sentinel event. A team approach is devised that include staff that were directly involved in the incident as well as supervisory and content experts in the agency. A minimum of three to four meetings are typically scheduled, with the team leader and facilitator performing a number of activities both before and in between formal meetings. The Root Cause process helps discover what happened, why it happened and how it can be prevented. The focus in on understanding and not on blaming, analysis of cause and effect relationships and emphasizes solutions and system improvements.

D. Measurement

Community Services for Every1, Inc. has several systems that will assist in the implementation of the QA/QI Plan. Adherence to the principals of Individual inclusion, independence, individuality, productivity, protection, responsibility and provider professionalism is addressed through these systems. The following areas have been identified as essential areas that will be monitored, measured, and reviewed:

- **Incident and Abuse Trending Reports**-Quality Assurance will calculate bi-monthly and year to date trends in the following areas:
    - **Individual Trends**-the number of repeat incident reports filed on any particular person receiving services.
    - **Program Trends**- the number of incident reports and type of incident reports filed in agency programs.
    - **Employee Allegation Trends**-the number of allegations of abuse where an agency employee has been identified as the subject of the investigation. This will be further broken down into the type of abuse and program in which the incident was filed.

- **Reporting Trends**-the thoroughness and timeliness of incident reports will be monitored according to program in which the incident was filed.
  The reports will be submitted to the Board and the QA QI Committee for review.

- **Quality Reviews-**the following utilization review process are in place to monitor the quality of services:
  - **Regulatory Survey's** (OPWDD, ECDMH, FSS, Federal Funding) mandatory surveys completed by oversight bodies as required by regulation and/or contract.
  - **Self-Surveys**-completed for all programs including Residential, Habilitation, Self-Directed and Health Home Services at least one time per year according to schedules established. Quality Management is responsible for coordinating the self-survey process. The self-survey process for all Residential and Day Hab sites includes a cross functional team made up of Nursing, building and property, and quality management staff in order to ensure that all areas of quality within the buildings and program itself.
  - **Satisfaction and Quality of Life Surveys**-Quality Assurance completes satisfaction survey annually on all people receiving services and/or families. Satisfaction with services is then broken down into specific programs in which the person is served.

- **Basic Assurances® -**As needed, the Director of Quality Management will send out the CQL Basic Assurance QI Plan to each Department/Lead person who has implemented actions to support the CQL Basic Assurances QI Plan. The Lead person, or anyone who has content to add, should describe what tasks they completed under each heading as appropriate. Once the data is collected, the Director of Quality Management will update the Basic Assurance Plan accordingly and collect any pertinent documents from the staff person who completed the action steps. As needed, the Director of Quality Management will follow up accordingly to ensure all action steps are completed.

  One time a year, the Director of Quality Management will complete the CQL Report, which measures data that is relevant to Factors 1-9 of the Basic Assurances Plan. The data that is included in the report is gathered from the following areas: POMS Data, Unannounced Observations, Satisfaction Survey's, the Residential Dashboards and Self Directed Services. This data is compared to previous report data and notes any quality improvement initiatives that are occurring across programs. As needed, the Director of Quality Management will hold focus groups and create quality improvement Plans to improve in any areas of concern.

- **Personal Outcome Measures –** As needed, the Director of Quality Management will send out the CQL Personal Outcomes Measures QI Plan to each Department/Lead person who has implemented actions to support the QI Plan. The Lead person, or anyone who has content to add, should describe what tasks they completed under each heading as appropriate. Once the data is collected, the Director of Quality Management will update the Personal Outcomes Plan accordingly and collect any pertinent documents from the staff person who completed the action steps. As needed, the Director of Quality Management will follow up accordingly to ensure all action steps are completed.

- Two times a year, the Quality Systems Coordinator will complete the POMS Report, which measures and compares agency POMS data that was collected over the previous 6 months, to the National and New York average. This report is reviewed at the QA QI Committee and PCP Committee meetings. Whenever trends are noted or indicators maybe low, the Quality Systems Coordinator will review the data, hold focus groups and create Quality Improvement Plans as needed, to improve in areas of concern.

- **Others**-The Agency may identify areas in need of improvement via other methods and/or resources than those previously noted. When such needs are identified the Director of Quality Management or designee will attempt to gather as much data as possible to ensure measurable outcomes.

The Quality Assurance and Quality Improvement Standing Committee will utilize this data to assist in the planning, designing, measuring, assessing and improving services and processes.

VIII. **Corporate Compliance Plan**: The Agency has a comprehensive Corporate Compliance Plan. Compliance audits and reviews are conducted on a regular and as need basis. The results of these audits and reviews are reported to the agency and Board of Directors Corporate Compliance Committee. As with quality reviews, quality improvement activities will be implemented when deficiencies and/or areas in need of improvement are identified.

IX. **Strategic Planning Process** – In addition to the components identified previously the Agency utilizes a Strategic Planning Process as a method of identifying its strengths, weaknesses, and future needs. The Coordinator of Corporate Development is responsible for the development and initial implementation of the Strategic Planning Process, which includes collecting data from Agency stakeholders. The Strategic Planning Committee members selected by the President & CEO and Coordinator of Corporate Development (Acting Chair), are responsible for analyzing the data collected. This information is then shared with the Administrative Management Team for review. The Administrative Management Team is responsible for developing goals, identifying Strategic Team leaders and participants. The Strategic Team is responsible for identifying strategies to achieve chosen goals. Members of the Strategic Team will include a cross-section of department staff, which has the greatest impact on the identified area needing improvement. The team leader will be someone with specific strengths and skills. The designated Strategic Team Leader must provide written progress reports to the Coordinator of Corporate Development on a monthly basis.