Quality Improvement Plan

2023-2024

Effective Date: 10/01/2023

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Quality Improvement Plan

Mission

QSAC is a New York City and Long Island based nonprofit that supports children and adults with autism, together with their families, in achieving greater independence, realizing their future potential, and contributing to their communities in a meaningful way by offering person-centered services using the evidence-based principles of applied behavior analysis (ABA) to improve their communication, socialization, academic, vocational, and functional skills.

Policy:

The Quality Improvement Plan will be utilized to measure, aggregate and analyze information gathered in order to assess/measure the following Goals:

1. **Preferred Outcomes/Quality of Life -** Agency is acting in a manner that further each individual's ability to experience the outcomes and quality of life they strive to achieve.
2. **Person-Centered Planning and Service Delivery -** Agency is ensuring that every individual's unique strengths, needs, goals, preferences and informed choices concerning his/her life dictate the effective planning and implementation of their services and supports.
3. **Health, Safety, Rights and Freedom from Abuse/Neglect and Exploitation-** Agency is ensuring individuals' rights, health and welfare are safeguarded and monitored based on informed and expressed choices of the individual and that individuals are free from abuse/neglect and exploitation.
4. **Compliance with OPWDD, State and Federal Requirements -** Agency enacts goals, objectives and processes to address compliance with OPWDD, state and federal requirements for services and supports delivered.
5. **Stakeholders Input-** Agency has methods in place to solicit the input of stakeholders and is responsive to this input, as needed. Stakeholders include the individuals receiving services; family, advocates/guardians; and agency staff.
6. **Individual Satisfaction-** Agency is responsive to information collected from individuals and their family members/advocates.

Benchmarks for each of these goals are set for the year at 85% of criteria met based on the relevant audit tools cited in the data collection methodology below:

The methodology with which QSAC collects this information will include, but are not limited to the data collection and tracking of the following bodies within the organization:

Quality Assurance Department: The QSAC Quality Assurance Department conducts many of the agency's internal audit functions, along with specific communication and administrative responsibilities delegated to it in this plan. Among the audits that the QA department conducts are program observations; review of pre-employment documentation; medical files; HCBS settings compliance; safety and physical plant checks; and fiscal audits including personal allowance.

Program Management: Management staff in QSAC programs conduct internal audits based on the schedule set by the Quality Assurance Department. In addition, individual and family satisfaction surveys are conducted by the management staff of each program for those whom the program provides services.

Incident Review Committee- The Incident Review Committee (IRC) reviews and monitors reportable incidents and notable occurrences that occur to people receiving services from the agency. The IRC reports periodically, but at least annually, to the chief executive officer, chief agency executives, the Board of Directors and OPWDD concerning the

committee's general monitoring functions; general identified trends in reportable incidents [serious reportable incidents, and allegations of abuse] and notable occurrences; and corrective, preventive, remedial and/or disciplinary action pertaining to identified trends; and interact with the governing body and comply with the policies in relation to the review and monitoring of all reportable incidents and notable occurrences. (See QSAC Incident Management Policy and Procedures for more details)

Compliance Committee- The Compliance Committee reviews the reporting data on the QSAC Quality Improvement Plan, approving and suggesting revisions to the Plan at least annually and as needed. (See QSAC Compliance Committee Charter for more details)

The analysis will also be used to determine appropriate improvements/revisions to QSAC's systematic strategies to improve the individual's quality of life. The Quality Assurance Department, in conjunction with QSAC management and employees, will identify quality of life issues, implement and monitor corrective actions and study their effectiveness in improving service delivery.

Data Collection Procedures:

1. At the beginning of the year, an internal QA audit schedule will be developed by the Assistant Director of Quality Assurance for internal audits to be conducted by staff from the QA Department. Internal audits will consist of a review of person centered plans, quality of life goals, medical services, health & safety, individual rights, staff training, observations and interviews.
    - The QA department will utilize the following:
        - HCBS Settings Compliance Worksheet;
        - OPWDD HCBS Individual Experience Interview Tool;
        - Agency Quality Performance Standards;
        - Person Centered Review Guidance;
        - DQI Site Review Protocol;
        - and OMIG Compliance Self-Assessment Tool

      These evaluation tools will be subject to evaluation and update based on regulatory standards in the same interval as the Quality Improvement Plan (see Quality Improvement Monitoring Procedure for details)
    - Internal audits will evaluate programs by the criteria set in the HCBS Settings Compliance Worksheet; OPWDD HCBS Individual Experience Interview Tool; Agency Quality Performance Standards; Person Centered Review Guidance; and DQI Site Review Protocol.
    - At the conclusion of the internal QA audit, a report with all findings will be generated and provided to the program being audited.
    - The Assistant Director of Quality Assurance or designee will meet with the program team to review the findings.
    - Subsequent to the meeting, the program will submit a Plan of Corrective Actions (POCA) to the Assistant Director of Quality Assurance.
    - The Assistant Director of Quality Assurance will create a response to the POCA to provide the program with Goals, whether or not benchmarks were met according to criteria and their corresponding regulations.
    - The QA Department will visit the program to ensure implementation of actions indicated in the POCA.
    - Designated QA staff will conduct a monthly review to ensure that Medicaid Exclusionary checks are performed as required for employees, volunteers, contractors, vendors and members of the Board of Directors.

2. During the year, external audits are conducted by OPWDD and other Governing Bodies to ensure the site/agency is in compliance with State and Federal regulations.

- At the conclusion of the audit, an Exit Conference Summary will be generated by the Governing Body.
- If applicable, the program, in conjunction with the QA Department, will submit a Plan of Corrective Actions (POCA) in response to any issues identified.
- Subsequently, a QA staff will visit the audited program to verify the accurate implementation of actions indicated in the POCA.
- The Senior Director of Adult programs will review the Exit Conference Summary recommendations/ deficiencies and notify other locations/programs of the recommendations/deficiencies in order to ensure compliance program/agency wide.
- If the review of the Exit Conference Summary recommendations/deficiencies determines that other locations/programs need to be notified of the recommendations/deficiencies, QA staff will conduct a sample audit of the locations/programs to ensure compliance related to the recommendation/identified area(s) of concern.
- The QA Department will determine if the Exit Conference Summary recommendations/deficiencies need to be added to the QA internal audit tool in order to ensure future compliance.

3. Select QSAC programs will conduct self-audits based on the schedule set by the Quality Assurance Department.
   - Programs conducting internal audits will utilize the following:
     - HCBS Settings Compliance Worksheet;
     - OPWDD HCBS Individual Experience Interview Tool;
     - Agency Quality Performance Standards;
     - Person Centered Review Guidance;
     - and DQI Site Review Protocol.

     Evaluation and revisions of these tools will correspond to those conducted in the procedures outlined above under the Quality Assurance Department.
   - Self-audits will evaluate programs by the criteria set in the HCBS Settings Compliance Worksheet; OPWDD HCBS Individual Experience Interview Tool; Agency Quality Performance Standards; Person Centered Review Guidance; and DQI Site Review Protocol.
   - At the conclusion of every self-audit, a summary will be generated with the number of criteria met and not met along with the completed relevant audit tools.
   - Results of self-audits will be copied to the Compliance and QI Plan Activities folder for review by QA staff.

4. On a monthly basis, the QSAC incident review committee will review incidents to ensure individuals are free from abuse/neglect and exploitation.

5. Family Satisfaction Surveys and Individual Satisfaction Surveys will be completed on an annual basis. Survey results will be reviewed and procedures will be put in place to address concerns. The team will make an effort to address all concerns and for those that are not immediately achievable, the team will assist in moving towards meeting the need(s) of the individual/family member.

Quality Improvement Actions:

1. Quarterly, designated departments will ensure their internal auditing data is sent to the QA Department Administration consisting of the amount of criteria met/not met with the audit tools used, whether or not benchmarks were reached, trends noted and other relevant observations.

Communication:

1. During the admission process, the individual's intake packet will include information for accessing either in electronic format, or, if requested, in paper copies, a copy of QSAC's QI Plan to persons receiving services who have the capacity to understand the information and to their parents, guardians, correspondents or advocates. Annually thereafter, QSAC shall inform these parties of the means to access this information.

2. Upon employment/commencement of service (i.e. vendor or contractor) and annually thereafter, QSAC shall make QSAC's QI Plan known to agency employees, senior administrators, managers, volunteers, interns, contract staff, agents, independent contractors and subcontractors

3. Annually, a progress summary will be generated that identifies the quality improvement actions taken and the results/effectiveness.

4. Annually, the Quality Improvement Plan will be reviewed and approved by the Compliance Committee & Board of Directors. Documentation of the Compliance Committee & Board's review and discussion is contained within the Compliance Committee and Board of Directors meeting minutes.

Quality Improvement Goals

1. **Preferred Outcomes/Quality of Life -** (Agency is acting in a manner that further each individual's ability to experience the outcomes and quality of life they strive to achieve)

   Outcomes/Goals/Quality of Life – were proper steps taken for the individual to attain their desired outcome(s); are goal(s) appropriate, individualized and contribute to a furtherance of desired outcomes and quality of life.

   - Review of Life Plans/Goals (Agency Quality Performance Standards, section A.1, A.2 and A.3)
   - Individual Interviews- (OPWDD HCBS Individual Experience Interview Tool)

2. **Person Centered Planning and Service Delivery -** (Agency is ensuring that every individual's unique strengths, needs, goals, preferences and informed choices concerning his/her life dictate the effective planning and implementation of their services and supports)

   Service Planning – appropriate valued outcomes, individualization of plan (is it person centered), informed choices given.

   - Review of Life Plans/Goals (Agency Quality Performance Standards, section A.1, A.2 and A.3)
   - Person Centered Planning (Person Centered Review Guidance, section 1-1 to 1-41)

   Service Delivery – services are being provided as indicated/described in the service record/service plan in a manner that optimizes & fosters the individual's initiative, autonomy, independence and dignity.

   - Service Delivery (Person Centered Review Guidance, section 2-1 to 2-15)

   Additional Resources-

   - OPWDD and other Governing Body audit results
   - Input from self-advocates

3. **Health, Safety, Rights and Freedom from Abuse/Neglect and Exploitation- (**Agency is ensuring individuals' rights, health and welfare are safeguarded and monitored based on informed and expressed choices of the individual and that individuals are free from abuse/neglect and exploitation)

   Individuals Access Quality Health Care and Clinical Care- individuals receive routine medical care, receive medication as prescribed, treatment received as prescribed, PONS followed/in existence.

   - Medical Binder Reviews (Agency Quality Performance Standards, section B.3)
   - Medical Emergencies/MAR Reviews (DQI Site Protocol, section 2-1, 2-2 and 2a-1 to 2a-9)

   Health & Safety – environmental hazards, functional facility, OSHA, dietary needs/choking.

   - Nutrition Evaluations & Diet Menus (DQI Site Protocol, section 5-2 to 5-3)
   - Physical Plant/Safety Inspections (DQI Site Protocol, section 7-2 to 7-15)
   - Fire Drills and Evacuation Plans (DQI Site Protocol, section 8-1 to 8-19)

   Individual Rights – choices given, confidentiality, privacy

   - Rights, Health and Welfare are safeguarded and monitored (Agency Quality Performance Standards sections B.1)
   - Signed Individual Right Packets are in General Binders (HCBS Settings Compliance Worksheet Part 2, section 3-4 to 3-18)

- HCBS Observations - Keys, food availability, privacy, occupancy agreement (HCBS Settings Compliance Worksheet Part 1, section 4-3 to 4-15)

Freedom from Abuse/Neglect and Exploitation- Incident management P & P, Incident Review Committee & Personal Allowance.

- Individuals are free from abuse, neglect, mistreatment and exploitation (Agency Quality Performance Standards, section B.2)
- Reporting allegations of abuse, neglect, mistreatment, exploitation and other reportable incidents or occurrences (DQI Site Review Protocol section 6-9 to 6-16 & Agency Quality Performance Standards, section B.2)
- During Intake Meetings, ensuring individuals/families are informed of where to locate the OPWDD Incident Brochure, 624 Regs and QSAC Incident Management P & P. A letter informing the individual/family of where these documents are located will be placed in the individual's general binder. (Review of the individual's general binder during internal audits)
- Ensuring annually, families are informed of where they can locate the OPWDD Incident Brochure, 624 Regs and QSAC Incident Management P & P (Review Annual letter sent out by Corporate Compliance Officer)
- Incident Review Committee (Part 624 Regulations & DQI Agency Review Protocol, section 3 & 4)

Personal Funds - access to personal funds according to preferences and needs.

- Personal Allowance Audits (DQI Site Review Protocol, section 3a-2 to 3a-9)

Additional Resources-

- OPWDD and other Governing Body audit results

4. **<u>Compliance with OPWDD, State and Federal Requirements</u> -** (Agency enacts goals, objectives and processes to address compliance with OPWDD, state and federal requirements for services and supports delivered)

Policy & Procedures – all things are done according to P & Ps and OPWDD requirements.

- HCBS Settings Policy (HCBS Settings Compliance Worksheet, sections 1 & 2)
- Incident Management Policy (Agency Quality Performance Standards, section B.2 & DQI Site Review Protocol 6-9-6-16)
- Behavior Intervention Policy (DQI Site Review Protocol 10h-10l & Agency Quality Performance Standards, section B.1d and B.1g)

Employees – Background checks, Initial/Annual Trainings, Code of Conduct.

- Background Checks Reviews (DQI Agency Protocol Manual, Topic 6 section 2)
- Staff Initial/Annual Trainings (DQI Agency Manual, Topic 6 section 3)
- Staff Code of Conduct Forms

Compliance – Compliance Plan, Compliance Policies, Compliance Training.

- Compliance Plan (OMIG Compliance Program Self-Assessment Tool- Affected Individuals)
- Compliance Policies (OMIG Compliance Program Self-Assessment Tool- Element 1-2 and 4-7)
- Compliance Training (OMIG Compliance Program Self-Assessment Tool- Element 3)

Additional Resources-

- OPWDD and other Governing Body audit results

5. **<u>Stakeholders Input</u> -** (Agency has methods in place to solicit the input of stakeholders and is responsive to this input, as needed. Stakeholders include the individuals receiving services; family, advocates/guardians; and agency staff)

   Employees

   - Staff Suggestion Box (QSAC Employee Center website)
   - Exit Interviews (Human Resources exit forms/data collected)

   Individuals

   - Satisfaction Surveys
   - Interviews (OPWDD HCBS Individual Experience Interview Tool)

   Families/Advocates/Guardians

   - Satisfaction Surveys

6. **<u>Individual Satisfaction</u> –** (Agency is responsive to information collected from individuals and their family members/advocates)

   Satisfaction Surveys – is the program meeting the needs of the individual; does the agency have a plan to address these findings.

   - Individual Satisfaction Surveys (Residential, Day Hab, Afterschool, Community Hab & Respite)
   - Family Satisfaction Surveys (Residential, Day Hab, Afterschool, Community Hab & Respite)

   Self-Advocacy – group meets regularly to discuss issues.

   - Review of Minutes from group meetings

   Individual Interviews – is the program meeting expectations/needs.

   - Interviews with Individuals (OPWDD HCBS Individual Experience Interview Tool)

Quality Improvement Monitoring Procedure

1. Upon annual development of the agency's Quality Improvement Plan, QSAC Quality Assurance Department Administration will share the plan that includes a summary of the previous year as well as goals and metrics for the next year with the CEO, Executive Team, Board of Directors and all other interested parties. The plan will also be posted on the agency's website.
2. The Compliance Committee will meet to review the plan, related activities outlined in the plan and the methods for data collection.
3. The Compliance Committee will meet at least quarterly to discuss the related activities and outcomes in the Quality Improvement Plan. The data collected will be reviewed and any relevant policies and procedures may be revised- including the Quality Improvement Plan itself- based on the data collected, the needs of the organization and any risks identified.
4. Prior to the development of the next Quality Improvement Plan, Quality Assurance Administration will evaluate the data collected and meet with agency leadership. Goals and their criteria for evaluation will be revised as needed, and new goals added based on any risk areas identified, desired person- centered outcomes, and the needs of the organization.
5. Quality Improvement activity- the Quality Improvement Plan and related data evaluated, at a minimum, will include:
    a. Stated goals with outcome measures/metrics identified
    b. Summary of data collected
    c. Any self-assessments/internal audits conducted
    d. OPWDD and other Governing Body audit results
    e. Results from Satisfaction Surveys
        i. Individual
        ii. Family/Guardian/Natural Supports
    f. Progress on previously identified goals and outcomes
    g. Any quarterly, annual or semi-annual minutes of the Compliance Committee and the Board of Directors related to evaluation or revision of the Quality Improvement Plan.
    h. Evaluation of outcomes, goals, activities, metrics/auditing tools and an action plan for the upcoming year
6. At least annually, the Quality Improvement Plan will be evaluated and revised based on the revised goals and criteria outlined in this policy, as well as feedback from CEO, Executive Team, Board of Directors, management staff and all other interested parties or any risk areas or deficiencies identified by Quality Assurance Administration in review of the plan.

Quality Improvement Evaluation

The grid format for which the previous QI Plan listed the elements that the plan would evaluate and the criteria for which they would be examined was deemed too vague for a robust and comprehensive QI Plan. The revised plan listed the elements and criteria along with accompanying audit activity to be completed throughout the year that would be used to evaluate the criteria moving forward.

QSAC's procedures for monitoring and editing the QI plan were added to the plan rather than having it as a separate procedure for ease of reference to those reviewing the plan.

The Areas of Emphasis from the previous plans were deemed too vague. These areas were renamed to Goals and broken into six categories where the benchmarks for each- based on the relevant tools for each Goal- were included in the definitions so that the Goals and Benchmarks of the plan are explicit in the introduction.

The previous audit tools used for measuring results of Quality Improvement activities were changed to the HCBS Settings Compliance Worksheet; OPWDD HCBS Individual Experience Interview Tool; Agency Quality Performance Standards; Person Centered Review Guidance; and DQI Site Review Protocol due to their having a clearer indication of standards being either "met" or "not met," as the previously used audit tools used to evaluate Quality Improvement had more narrative information which made it more difficult to set specific, objective benchmarks. The 85% of standards met benchmarks used in the current QI Plan was based on results of the prior year's internal audits, even though there is no longer a 1:1 correlation between the way criteria are documented. The results of prior year's internal audits averaged to approximately 78% when dividing issues noted by total criteria reviewed in each audit.