



# Warren Washington & Albany Counties Chapter, NYSARC, Inc.

## Quality Improvement Plan 2019

### **1. Introduction**

Warren, Washington & Albany Counties Chapter of NYSARC, Inc. (WWAARC), located in upstate New York, is a nonprofit organization serving nearly 1,000 individuals with intellectual and developmental disabilities. We operate over 40 residences, over 30 Supported Living Program (SLP) apartments, four day programs, Site-based Prevocational services, Community Prevocational services, Pathway to Employment, Supported

Employment and have the only Respite Center between Albany and the Canadian border. For over 50 years, WWAARC has represented a longstanding tradition of providing outstanding advocacy, family support, and the very best quality services to many people throughout Warren, Washington and Albany Counties. As an organization we make a respectful commitment every day to the people we support. As a Council on Quality & Leadership (CQL) accredited organization, the WWAARC provides a pro-active, person-centered approach.

### **WWAARC Values**

- We value the dreams, aspirations and goals of persons with intellectual and developmental disabilities and their rights to a full, productive and responsible role in society.
- We value the rights of persons with intellectual and developmental disabilities to make their own choices.
- We value diversity in membership and leadership.
- We value the dedication and commitment of the staff who support people with intellectual and developmental disabilities.
- We value being family-led and professionally managed.

With more than 80 service locations providing residential, day, community supports, career/employment and other services, each interaction of our more than 700 staff is focused on assisting each person as an individual and for him/her and their family to be highly satisfied in receiving professional, competent and caring treatment. Through dedicated, respected and outstanding leadership from executive level and middle management staff and the Board of Directors, the core values and mission are embedded into all service areas and exemplified in the point of contact with each person and family. Our teams of direct support professionals (DSP's) demonstrate a dedication to the provision of person centered services on a continuous basis. There is also a shared commitment between the individual/family, the Agency, and Board of Directors that WWAARC will continuously seek to improve our services and management of the organization.

It is clear that the WWAARC is accountable to the Board of Directors and to other entities including, but not limited to the Arc of New York, MHLS, OPWDD, State, Federal, and other funding and regulatory organizations.

This Quality Improvement Plan is created by taking into consideration the Arc of New York Quality Standards and Oversight Committee requirements. This plan will fulfill the requirement of the Arc of New York's office to collect and analyze data from all chapters. The Quality Improvement Plan will be under the purview of the Board of Directors, and

have a relationship and connection with several other Board Committees such as Incident Review, Strategic Development, Governance, Guardianship, and Corporate Compliance.

By following this plan as written, it will assist Management and the Board of Directors in their responsibilities to chart a future that results in the highest degree of service to people we supports and that supports our workforce.

## **2. Key Quality Indicators**

As part of the improvement process WWAARC focuses on eight areas listed below that require immediate focus and attention to achieve improvement. Key Indicators, which relate to the current mission statement of the WWAARC, include the following items:

1. Bureau of Program Certification Reviews (including the number of reviews and the number of deficiencies)

- Statements of Deficiency
- Exit Conference Deficiencies
- Recommendations
- Best Practices
- Plans of Corrective Action
- Report on plan approval and need for additional improvement

2. Chapter Special Review Committee Annual Report

- Trends (include proactive measures as part of this process)
- Recommendations for action and plan of correction

3. Quality Improvement reviews by non-regulatory agencies (Example: accreditation reviews)

4. Self-Audits

Based on assessment of risk and need, WWAARC personnel shall conduct audits on a sample of programs identified as high risk using OPWDD re-certification checklists, the Arc of New York checklist and related guidance. The self-survey information will be reported to senior management and summaries of findings reviewed regularly with the Board. We will have discretion in developing auditing schedules, identifying risk, sampling, and protocols but such procedures should be outlined in the Quality Improvement Plan.

5. Satisfaction Levels of the People We Support

Questionnaires/surveys with results compiled, reviewed and utilized for improvement. People we support, their family members and advocates must be provided with contact information on appropriate agency staff/board members for conveying complaints and/or concerns.

#### 6. Satisfaction Levels of our Staff Members

(Note: Suggest questionnaires/surveys with results compiled, reviewed and utilized for improvement.)

#### 7. An assessment of the Quality of Life of the People We Support

More in depth than a satisfaction survey and emphasizing the CQL Personal Outcome Measures (POM). Description of how the needs, strengths, interests and aspirations of the person are being met through individualized supports, as well as, individual satisfaction with services. The person's input will be included in the self-survey process.

#### 8. Human Resource issues such as staff retention rates, OSHA reportable injuries, adequacy of staffing levels and staff development programs

#### 9. Board governance and review with attestation of Quality Improvement Plan

- Board review of the programs and services to ensure conformity with our mission
- Board participation on the standing committee for incident review
- Board visits to program sites (should have guidelines for announced and unannounced visits)
- Board analysis of self-surveys and regulatory surveys to identify agency or program specific trends.
- Board awareness of State or Federal regulatory authorities communications regarding deficiencies in any program or areas of operation
- Board assurance that senior management has the means to continually assess the adequacy of staffing levels, staff competence and staff performance with a mechanism to address deficiencies
- Board assurance that the WWAARC has a plan for ongoing staff development and training
- Board assurance that expectations for ethical conduct be communicated and reinforced for all employees, volunteers and Board members
- Board assurance that the WWAARC practices will encourage the development and expression of self-advocacy by the people receiving supports and services; and assurance that a process is in place for self-advocates to provide input to our practices and governance.

### 3. Activities to Achieve the Key Quality Indicators

## 1. Bureau of Program Certification Reviews

Statements of Deficiency (often referred to as SOD) are issued by OPWDD following a site survey in which there is at least one significant deficiency noted during the survey process. This may relate to areas such as fire safety, medication administration, health services, nutrition, physical plant, personal allowance, habilitation, etc. In some cases, OPWDD will only make recommendations that do not rise to the level in which they issue an SOD. Other, more serious deficiencies will result in the issuance of a 45/60 day letter. These “letters” are issued by OPWDD when very serious site specific or systemic issues are identified in a survey and/or the services provided are unsatisfactory and may affect the health or safety of the program participants. These “letters,” which are also sent by OPWDD to each member of the Board of Directors, requires immediate action and correction; without satisfactory response, OPWDD may close the program or transfer the auspices to another organization. When the organization receives the SOD, the appropriate program staff develops a Plan of Corrective Action (POCA). This plan addresses the specific matter identified by the citation, as well as incorporates a systemic correction that may be necessary within the site or related programs.

The AED-QA will oversee and coordinate all OPWDD Bureau of Program Certification activities and responses, including:

- Ensure that OPWDD survey teams have access to the information and access to the sites that they need and will assist the survey team during its reviews.
- For all certification reviews that result in a statement of deficiencies, the AED-QA shall coordinate a Comprehensive Plan of Corrective Action (POCA). Also communicate such findings to the management and to the Board of Directors. The POCA will be pre-approved by the Executive Director and/or Assistant Executive Director prior to sending it to the regulatory agency.
- Upon awareness of a potential or actual assurance of a 45/60 day letter by OPWDD, we will immediately, but no later than (5) business days notify the Arc of New York State.
- Maintain, aggregate and analyze data on the OPWDD surveys.
- Share survey data with the Board of Directors and The Arc of New York annually/quarterly as outlined in The Arc of New York’s Quality Data Reporting Form.

## 2. Chapter Incident Review Committee Annual Report

The WWAARC takes very seriously the issue of reporting and investigating incidents as defined by OPWDD in the Part 624 regulations. All staff, regardless of position is provided with training and information on incidents and allegations of abuse, as well as promoting positive relationships with our program participants. Following this initial training, all staff are given an annual refresher on these topics. Where necessary and sometimes following a specific incident, staff or groups of staff are provided focused

information to ensure that all incidents are reported in a clear, concise, and timely manner.

After an incident or allegation of abuse is reported and investigated, an assigned agency investigator who has been trained and credentialed to perform investigations produces a written investigation report. This investigation report is reviewed by supervisory staff. Then it is submitted to the agency Incident Review Committee (IRC). At each meeting, the initial incidents, investigations, addendums (to the investigations) are carefully reviewed and discussed. Conclusions are examined to determine that they are adequately supported by the information provided in the investigation. Recommendations of both an administrative and clinical nature are also closely examined. The committee may request additional information- sometimes it is gathered while the committee is in session or occasionally through a clarifying memo or addendum afterwards. Once the committee feels that the program has fulfilled its responsibilities, they will close the case. The program must review and complete all of the recommendations and actions taken. This provides information to the Committee that the program followed through on the recommendations that will be periodically checked during the agency self-survey process. The minutes of each meeting are carefully documented and all of the information (e.g. initial report, investigation, addendum, minutes...) is entered into the OPWDD IRMA (Incident Review Management Application) electronic record keeping system. Any trends or significant issues will be identified and discussed. These discussions are reflected in the minutes of each meeting.

On an annual basis, staff develops an annual Incident Trend Report that is required by OPWDD Part 624 regulations. This report is an aggregate of the year's results, includes trends as compared to previous years and makes recommendations for training, policies, physical plant, clinical and program services, etc. This report will be shared with the IRC and the full Board of Directors.

The AED-QA will oversee and ensure all OPWDD Bureau of Program Certification activities and responses, including:

- Present the annual Incident Trend report to the IRC and to the Board of Directors.
- Provide on an annual/quarterly basis a summary of incident indicators to The Arc of New York State Office.

3. Quality Improvement reviews by non-regulatory agencies (Example: accreditation reviews)

There are a number of external bodies that may also conduct quality related reviews. These include OIG (Office of Inspector General), AG (Attorney General), Social Security,

OMIG ( Office of Medicaid Inspector General), The Council on Quality and Leadership (CQL) , etc.

The AED of that particular program and or the Corporate Compliance Officer will oversee and coordinate all external quality related activities and responses, including:

- Ensure that external survey teams have access to the information and access to the sites that they need and will assist the survey team during its reviews.
- For all reviews that result in recommendations or findings, the AED of that particular program shall coordinate a written response and communicate such findings and response to the management and to the Board of Directors.

#### 4. Self-Audits:

Based on assessment of risk and need, WWAARC personnel shall conduct audits on a sample of programs identified as high risk using OPWDD re-certification checklists, the Arc of NY checklist, and related guidance. Risk can be assessed based on prior survey results, survey outcomes, staff and management feedback, etc.

This self-survey information will be reported to Administrative staff and summaries of findings reviewed regularly with the Board. We will have discretion in developing auditing schedules, identifying risk, sampling, and protocols used.

Management personnel may be assigned program audit responsibility and programs at greatest risk will be audited as needed using OPWDD based checklists and related guidance. The WWAARC's self-survey information will be reported to senior management and summaries of findings reviewed regularly with the Board of Directors.

The AED-QA and/or Corporate Compliance Officer will oversee and coordinate the self-audit process, including:

- The Corporate Compliance Officer/AED-QA will ensure copies of the latest OPWDD re-certification protocols are given to Directors by January 31 of each year if changes have occurred. Subsequent versions will be provided as released by OPWDD.
- The Quality Improvement/Assurance department will try to audit each certified program at least annually using the guidance from OPWDD's protocol. The Program Director will ensure a plan of correction action with completion dates are written . The findings will be will be shared with Senior Management staff.

- The Corporate Compliance Department will conduct billing reviews/audits of program services throughout the year, findings will be shared with the Compliance Committee and Senior Management Team as necessary.

#### 5. Satisfaction Levels of the People We Support:

WWAARC shall ascertain feedback regarding satisfaction with agency supports and services from the individuals supported, their family members, guardians and advocates through opinion questionnaires/surveys. The results of such surveys will be reviewed by the Administrative team and Board of Directors and used to enhance operations.

The method used to gather information on the quality of provider's actions is the completion of the Satisfaction Survey. The Satisfaction Survey will be conducted every two years. The survey identifies areas of success and areas in need for growth of the individual. The information in the completed satisfaction survey is analyzed and reviewed with that particular program and changes made if need be.

The WWAARC developed a Complaint Procedure; anyone filing a complaint may directly approach any member of the WWAARC leadership/management team to discuss their concerns. All complaints will be reviewed, tracked and trended and those filing the concern will be informed on the resolution.

- An Executive Assistance will ensure that a satisfaction survey is distributed for use throughout the agency to obtain feedback regarding satisfaction with agency supports and services. Once the data is analyzed, it will be distributed to the appropriate AED of that program.
- The AED of that program will review the satisfaction survey results with the administrative team and the Board of Directors.
- The Program Director will ensure that for the people we support along with their parent(s), guardian, or advocate will have the opportunity to review the Complaint Procedure at the time of admission, upon request and as changes occur.
- The Senior Director of Special Projects-Administration-Guardianship will collect the complaints and quarterly the complaints will be trended and information will be shared with the Administrative team.

#### 6. Satisfaction Levels of our Staff Members:

WWAARC shall ascertain feedback regarding satisfaction from our employees through opinion questionnaires/surveys. The results of such surveys will be reviewed by the administration team and Board of Directors and used to enhance operations.

The AED-HR shall coordinate the following activities:

- The Human Resources Department will develop a satisfaction survey for use throughout the agency to obtain feedback from its employees.
- The Human Resources Department will distribute the satisfaction survey on an annual basis and review and document the results of the survey.
- The AED-HR will ensure the satisfaction survey is reviewed with the Administrative team and the Board of Directors.
- As directed by Administrative team and the Board of Directors, any actions that result from the responses to the survey shall be implemented under the oversight of the AED-HR.

#### 7. An assessment of the Quality of Life of the People We Support

WWAARC made a strategic decision to seek accreditation with the Council on Quality and Leadership (CQL). On June 17, 2016 WWAARC was awarded the four year, CQL Person-Centered Excellence accreditation ( June 2016-June 2020). This internationally recognized non-profit focuses on organizations serving people with disabilities to enhance and provide a robust level of person centered supports that facilitate the achievement of their personal goals and aspirations. In addition, CQL assists organizations in conducting an intensive self-survey process that eventually leads to an accreditation.

The CQL framework is an evidenced based system that includes an extensive data set of reliable and valid measurements of quality of life. This is most clearly demonstrated in the CQL Personal Outcome Measures (POMs), which are 21 areas that are determined by the person as to whether they are achieving their desired goals and whether the organization is providing the necessary supports. Most recently, OPWDD announced its intention to use the 21 Outcome Measures as part of its analytics in measuring quality.

CQL recently reformatted the Personal Outcome Measures from the three factors, My Self, My World, and My Dreams to five factors, My Human Security, My Community, My Relationships, My Choices and My Goals. These are described below:

- *My Human Security* focuses on the person's non-negotiable human and civil rights; it includes the person's evaluation of him/her safety, health, freedom from abuse and neglect, social stability, security, financial resources and their feelings of being treated with respect and dignity.
- *My Community* focuses on the person's right and choice to be in the community, to access and interact with the world around him/her—to be a part of and included in the community.
- *My Relationships* focus on the person's right to personally define relationships from connecting with natural supports, having friends, having intimate

relationships to playing a variety of chosen social roles along with deciding when to share personal information in respect to these relationships.

- *My Choices* focus on the person making decisions about one's life and community—where to live and with whom; where to work and what services to receive.
- *My Goals* focus on the person choosing and realizing personal goals—dreams and aspirations for the future.

The Personal Outcome Measures are relatively simple and straightforward but contain the characteristics that are very relevant to the WWAARC because:

- They are Personal. Each person determines what quality of life means for him/herself and the unique life that they lead.
- They are Outcome Based. The work is guided by the person and his/her expectations, and the results relate very much to what they want and desire.
- They are Measured Differently. The CQL approach addresses the questions of priority and relevance for each person, based on the person's priorities.

The information that is gathered is done so in a highly person-centric way in which a team of two interviewers meet with the person we support. Sometimes several interviews/ discussions are required with the person in order to meet his/her wishes and needs. They engage in a semi-structured interview process in order to make an assessment of the 21 data measures and to assist the person in developing focused priority goals. In addition, a staff who is very familiar with the individual is also interviewed in order to gather additional information. This process then carefully ascertains what is critically important to the individual and that information is shared with the program planning team. Additional desired outcomes are integrated into the treatment plan that is periodically reviewed at least on a semi-annual basis. Their progress is assessed. This is a highly personal way to gather information and ensure that the person is fully heard and considered and the values and objectives that are most meaningful are included in their goals and plans.

As this process unfolds, we will obtain data on whether individuals supported in our programs are reaching their aspired goals and if they have the necessary supports. The data gathered through the CQL POMs interviews will be analyzed periodically and presented at least once a year to the of the Board of Directors. When the information is aggregated, it will tell an organizational story as to what additional steps may be needed to improve the quality of services and supports, whether it is in the area of training or supervision, access, actual services, and organizational structure.

The data will be collected, analyzed for trends and identify areas that require capacity building. Through these efforts, it is anticipated that the follow up will result in a higher level of both individualized services and person's satisfaction. Some of this work will cause individual staff, various programs, and management to re-evaluate what services

and supports are provided, how they are provided, our expectations and assumptions, as well as our protocols and policies and procedures. In addition, the allocation of resources may also need to be re-evaluated.

This major undertaking of the CQL Personal Outcome Measures will clearly hone our focus on individualized supports, each person's health and safety, their rights, the attainment of their choices and goals, and whether we have in place the appropriate degree of supports. As data will be collected in 21 outcome areas, the WWAARC will begin to be able to measure its progress to achieve the benchmarks set by CQL.

- Focus on implementing Person-Centered Planning, recruiting and retaining a qualified workforce and implementing and monitoring a Quality Management System. Training of introduction of POM's is offered with staff orientation training, which is offered monthly. Refresher training will be done annually,
- The Director of Special Projects-Administration-Guardianship will aggregate and analyze the Personal Outcome Measures data to determine the impact on the lives of the people we support and the outcome will be shared with the Board of Directors annually.
- The Senior Director of Special Projects-Administration-Guardianship through informal meetings, training sessions and internal communications will focus on increasing educational opportunities for WWAARC employees on the Basic Assurances, Personal Outcome Measures and Person-Centered Services.
- Under the direction of the Senior Director of Special Projects-Administration-Guardianship the Administration team will look at specific aspects of the following Basic Assurances: Rights Protection/ Promotion: Dignity and Respect; Staff Resources and Supports; Natural Support Networks; and Basic Assurances Systems.
- The WWAARC Board of Directors will be provided with periodic training and/or reports that focus on CQL's Personal Outcomes Measures and all components of WWAARC's CQL Person-Centered Excellence Accreditations.
- Under the direction of the Senior Director of Special Projects-Administration-Guardianship, the Administration team will explore and refine our current process of sharing the results of a CQL Personal Outcome Measures interview with the person's planning team in order to integrate what the person sees as his/hers quality of life with the creation of the Life Plan and Staff Action Plan.

8. Human Resource issues such as staff retention rates, OSHA reportable injuries, adequacy of staffing levels and staff development programs.

The Administrative staff shall have the means to continually assess the adequacy of staffing levels, staff competence, and staff performance and will have a mechanism to

address deficiencies. WWAARC will have a plan for ongoing staff development and training.

- The HR Department, has developed a data base that provides at-a-glance information on staffing levels (staff vacancies by program site) and that is updated weekly. This information is shared with the Administrative staff, and periodically shared with the Corporate Compliance Committee.
- The Senior Director of Benefits shall provide the Safety Committee with data related to the number of injuries to staff (OSHA Reportable) while on the job. This data will be analyzed and reviewed by Safety Committee at least on a quarterly basis. The committee will develop recommendations and the recommendation will be dispersed to the appropriate program. Additionally this information will be submitted to The Arc of New York annually.
- The Senior Director of Benefits will distribute the OSHA 300A report forms to each program location. These 300A reports will be posted, so staff will be able to see how many work related injuries happened at that site. These reports will be distributed annually.
- The WWAARC has policy/procedures for ongoing staff development and training that includes competency-based training on the following from The Council on Quality and Leadership Measures 2005 Basic Assurances and that meets the requirements included in the OPWDD regulations, including:
  - For the Human Rights Committee; covered under 633.16 Person-centered behavioral intervention.
  - To support people's families and friends to communicate with them or otherwise keep in contact and maintain relationships; covered under Introduction to CQL and POMs.
  - To prohibit and prevent abuse, neglect, mistreatment, and exploitation; covered under Rights, Abuse, and Incident Reporting.
  - On specific supports, services, policies, procedures, and/or person-directed plans when staff competency is identified as a potential or causal factor.
  - When potential underreporting of allegations of abuse, neglect, mistreatment, and exploitation is identified - provide in-service training as needed when issues come up.

- To recognize and respond to people experiencing medical emergencies; covered under 1<sup>st</sup> aid/CPR and Medical Trainings.
- For direct-contact staff in First Aid, CPR, and general medication training, including how to recognize harmful side effects; covered under 1<sup>st</sup> Aid/CPR and Medication Administration.
- That is based on input from support staff, input from people supported, and the results of internal and external findings; - training is completed on an as needed basis.
- Our trainings are based on adult learning theory that includes mentoring, on the job support and personal development planning;
- That is shaped by the support needs of people we support and includes training in skills and abilities needed to implement people's plans, covered under POM's training and Res. Hab. billing training.
- The Senior Director of Training has developed training records for each staff that provides at-a-glance information on staff competence. The training records indicate what trainings have been completed as well as the dates of these trainings. Also included are any re-certification trainings dates.
- The HR department will develop a data base system regarding DSP's that provides at-a-glance dates on when staff had performance evaluations. This system will generate a list of needed evaluations to ensure that evaluations are being completed annually.

9. Board governance and review with attestation of Quality Improvement Plan:

- Board review of the WWAARC's programs and services to ensure conformity with the WWAARC's mission.
- Board participation on the standing committee for Incident Review, it is noted that a Board Member is the chair of this committee.
- Board visits to program sites (WWAARC should have guidelines for announced and unannounced visits.)
- Board analysis of WWAARC self-surveys and regulatory surveys to identify agency or program specific trends.
- Board awareness of State or Federal regulatory authorities communications regarding deficiencies in any program or operation.
- Board assurance that senior management has the means to continually assess the adequacy of staffing levels, staff competence and staff performance with a mechanism to address deficiencies.
- Board assurance that the WWAARC has a plan for ongoing staff development and training.

- Board assurance that expectations for ethical conduct be communicated and reinforced for all WWAARC employees, volunteers and Board members.
- Board assurance that WWAARC practices will encourage the development and expression of self-advocacy by the people receiving supports and services; and assurance that a process is in place for self-advocates to provide input to WWAARC, practices and governance.
- The AED-QA will send a copy of the Quality Improvement Plan and a Board Resolution adopting the plan to The Arc of New York state office on an annual basis.
- The AED-QA will ensure that a Board member participates on the Incident Review Committee, which is required by regulations.
- WWAARC Board members will have regular access to program sites and program participants through both announced and unannounced visits.
  - o There shall be a committee developed to oversee the practice of Board members visiting sites periodically using visitation survey tools developed by the WWAARC to document results. Announced and unannounced visits to program sites will be mentioned at Board meetings by Board members and included in the board minutes.
  - o Special events at program sites or that include program participants will continue to be announced at board meetings and included in the minutes.
- The Senior Director of Special Projects-Administration- Guardianship will ensure that all new policies, or policy changes will be presented and approved by the Board of Directors.
- The AED-QA or the Corporate Compliance Officer will inform the Board of Directors of any internal audits (using re-certification checklists) and external surveys from regulatory agencies. Copies of external surveys will be given to the Board of Directors.
- The AED-QA will provide the Incident Review Committee Annual Report, which contains an analysis of trends for incidents, to the Board of Directors. The results of the analysis will be shared with the Board and the information used to improve performance.
- Administrative staff shall provide a summary of their program activities to the Board of Directors, some of the summaries would be related to the adequacy of staffing levels, staff competence, and staff performance, deficiency and activities related to individual we support.

- The Corporate Compliance Officer will ensure that all staff and Board of Directors have the opportunity to review and sign the Code of Conduct. This will be completed on an annual basis.

Cindy Jordan AED-QA

3/20/19

Approved by the Board of Directors

4.24.19