Quality Improvement Plan 2022-2024

I. Introduction

Arc of Onondaga strives for excellence in management and in support services for people with intellectual and other developmental disabilities and upholds common standards and expectations to promote the well-being of those we support to assure those individuals and their families of our common commitment to Arc of Onondaga mission.

Arc of Onondaga believes that all people with developmental disabilities will be respected, contributing citizens who will achieve their fullest potential for independence and inclusion in the community. It is our mission, through the supports and services of our agency, to assist individuals with developmental disabilities achieve their fullest potential. Arc of Onondaga has served individuals and their families since 1951 and continues to provide supports in vocational, clinical, habilitative services and residential settings. The drive for excellence and continuous quality improvement is a part of all that we do.

This Quality Improvement Plan is created by taking into consideration the Arc New York Quality Standards and Oversight Committee Requirements as well as current quality practices in place at Arc of Onondaga

II. Key Quality Indicators

As part of the improvement process Arc of Onondaga focuses on seven improvement. Key Indicators, which relate to current mission statement of the Arc of Onondaga.

Key Quality Indicators:

1. Bureau of Program Certification Reviews
2. Incident Review Committee (IRC) Annual Report
3. Self-Surveys
4. Satisfactions Levels of the People We Support
5. Satisfaction Levels of our Staff Members.
6. Human Resource issues such as staff retention rates, OSHA reportable injuries, adequacy of staffing levels and staff development programs.
7. Board governance and review with attestation of Quality Improvement Plan:

III. 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. Items that may receive a SOD include but are not limited to; medication administration, health concerns, personal allowances, physical plant issues, fire safety and nutritional guidelines. At times, OPWDD will issue verbal recommendations or Exit Conference Deficiencies which will not rise to the level of a SOD. In other cases, when a more serious offence occurs that places individuals who receive services in imminent danger, a 45-day or 60-day letter will be issued. These letters are only issued by

OPWDD when very serious site specific or system issues are identified in a survey and/or the services provided are unsatisfactory and may affect the health or safety of the program participants. In addition to the Executive Management at Arc of Onondaga, these 45- or 60-days letters will also be sent out to each member on the Board of Directors. These letters require an immediate Plan of Corrective Action be developed with includes immediate, monitoring and systematic responses that Arc of Onondaga leadership will put in place to ensure the health and safety of the individuals receiving services. This Plan of Corrective Action needs to be approved by OPWDD and if a satisfactory response is not received, OPWDD has the authority to close the program or transfer the auspices to another organization.

The following are steps that Arc of Onondaga will take during OPWDD programmatic surveys:

- The Chief Compliance Officer or designee will oversee and coordinate all OPWDD Bureau of Program certification activities and responses
- Ensure that OPWDD survey teams have access to the information and access to Therap and other required electronic medical records that they need and will
- Ensure that the survey team receives required assistance during its reviews.
- Upon survey exit, a meeting will be held with the Survey Team, the Division Director and any other additional staff at Arc of Onondaga who are key players in the site that was surveyed.
- The Division Director will sign the exit conference form and begin taking any necessary steps for program improvement.

The following are steps that Arc of Onondaga will take when certification reviews result in a Statement of Deficiency:

- The Division Director of the program working in conjunction with clinical or support departments, will draft a Plan of Corrective Action to address the immediate, monitoring and systematic responses
- The Chief Compliance Officer, or designee will review the Plan of Corrective Action and provide feedback to the Division Director
- The Division Director will submit the Plan of Corrective Action to the Executive Director
- The Executive Director will review the Plan of Corrective Action and once any suggested revisions are completed, the Executive Director will submit to OPWDD for approval.
- Once approved by OPWDD, Arc of Onondaga staff will work towards ensuring that all items on the Plan of Corrective Action are completed within the appropriate timeframe.

In addition, even when a certification review results in verbal recommendations or exit conference deficiencies, Arc of Onondaga will complete an internal Plan of Correction to assist in ensuring that these deficiencies are not repeated.

Information related to BPC surveys and the findings are shared at Leadership Meetings, to the Quality Improvement Committee and the Board of Directors on a monthly basis.

Arc of Onondaga will maintain, aggregate and analyze the data on the OPWDD surveys and report out to the Quality Improvement Committee and the Board of Directors on a annual basis. This information is used as part of analyzing risk areas for the agency and a focus for self-surveys or compliance auditing. The Quality Improvement Committee and Board of Directors will also be informed of all outstanding verifications for each active Plan of Correction.

The goal in this area is to decrease the overall number of Statements of Deficiencies received as well as to decrease the number of deficiencies received on Exit Conference Forms. In May 2021, Arc of Onondaga received a 45-day letter at one IRA. This was the first 45-day letter the agency has received has received in over 20 years. Issues consisted primarily in the oversight of nursing provision of services as well as issues related to behavioral support; fire drills and meaningful activities. Extensive oversight has been provided to the site since the plan of corrective action has been accepted. Data from 2020 and 2021 indicate trends related to the provision of nursing services in the Residential Program. These consist of issues related to nursing oversight, medication administration and medication errors and implementation of specific health protocols such as bowel management.

2. Incident Review Committee (IRC) Annual Report

Arc of Onondaga 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 carefully reviewed by supervisory staff. These incidents will always include recommendations for the Division Director to implement to further safeguard the individuals' receiving services as well as the staff at Arc of Onondaga. Once approved, it is submitted to the Division Director for them to review the incident and to provide a formal response to the recommendations made by the investigator.

Once an incident has been completed, it will also be brought to the Incident Review Committee (IRC). At each meeting, any outstanding incidents, new incidents to include the Directors Response and any preliminary determination made by the agency investigator are carefully reviewed and discussed. Conclusions are examined to determine that they are adequately supported by the information provided in the investigation. The committee may request additional information 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. If the case remains open, the Division Director will receive an additional summary of what is needed to close the case, and this will then be reviewed again at the next committee meeting. The minutes of each meeting are carefully documented and all of the information 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, the Chief Compliance and Quality Officer or designee 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 Board of Directors.

Trends identified in this area based on past trend reports consist of incidents filed and substantiated due to supervision levels not being followed by staff. The goal in this area is to improve the training and understanding of the DSP's on people's supervision levels to decrease incidents of neglect.

3. Self-Surveys

Based on ongoing assessments of program areas, members of the Arc of Onondaga Quality Assurance Department, or an appropriately trained designee may conduct audits or self-surveys based on programs that have either been identified as "high risk" from OPWDD, Arc of Onondaga personnel or related guidance. This level of risk can be based off prior survey results, observations or feedback by staff and management or a variety of other factors.

Once the audit or self-survey is completed at a program, the staff member who completed this will report out to the Division Director as well as the Executive Director and Chief Compliance Officer about the findings of the survey and any subsequent recommendations that are being made off the self-audit. The results of the self-survey will then be reported to Arc of Onondaga Executive Management as well as the Board of Directors.

Arc of Onondaga reserves discretion surrounding the audit schedule, how the sample is identified and identifying risk. Once the self-survey is completed, there is the potential for Division Directors to be assigned quality improvement projects and items that are in need of immediate attention.

The goal in this area is to complete self-surveys for programs identified as high risk and to assess if those program areas have adequately implemented and maintained their past Plans of Corrective Actions. Self-surveys are a tool to assist with the achievement of decreased Statements of Deficiencies.

5. Satisfactions Levels and Quality of Life of the People We Support

Arc of Onondaga strives for excellence in management and in support services for people with intellectual and other developmental disabilities. Arc of Onondaga shall ascertain feedback regarding satisfaction with agency supports and services from the individuals supported, their family members, guardians and advocates through opinion questionnaires/surveys.

A Quality of Life Survey is completed with every person supported on an annual basis by their Plan Coordinator prior to their annual review. The survey gathers information from the perspective of the person supported about things that are important to them; things they may want to learn or accomplish; their hopes and dreams; activities of interest; their opinions about their program and if they live in an Arc residence, about their home, etc. This information is used to help the Plan Coordinator and the person's team create program plans with the person that are based on what is important to them.

On a yearly basis, a Family Satisfaction Survey is completed that offers family members an opportunity to report their satisfaction with the programs offered as well as the quality of service being provided. For the past several years, the SU Community Link program has been used to administer the survey to a sample of approximately 200 families of the people supported through the different Arc of Onondaga programs. The SU student compiles information and completes a comparison of data based on prior year's survey results.

In November 2021, the Family Satisfaction Survey was completed and utilized a Likert-Type scale for reporting satisfaction levels with different aspects of service at Arc of Onondaga. This scale consisted of 1 "strongly disagree", 2 "disagree", 3 "neutral", 4 "agree" and 5 "strongly agree. Some of the results of the Family Satisfaction Survey were as follows:

- Respondents agreed that they received clear and timely communication related to COVID-19 concerns in Residential Services (4.4)
- Respondents agreed that when Day Habilitation was visited, that site safety protocols were being appropriately implemented (4.2)
- Respondent's agreed that they were able to appropriately contact a Residential Manager to express any concerns (4.5)
- Respondents ranked "Staff" and "Family Member Happiness" as the two best aspects about the programs and services provided by Arc of Onondaga

Overall, a review of the 2021 Family Satisfaction Survey, in comparison to that of 2017 indicates that families, shows that satisfaction with the following areas has increased:

quality of the programs; staff members supportive, attentive and respectful; environment is safe and clean; ability to contact a manager or supervisor; communication is timely; ability to resolve issues/concerns; person centered planning;

Areas that have shown a decrease in satisfaction include; the level of opportunities for involvement with the programs or agency. This makes sense given the Covid precautions that have been in place since 2020.

The goals in this area will be to continue to maintain or increase the satisfaction levels of the people we support along with their families.

5. Satisfaction Levels of our Staff Members

Arc of Onondaga shall ascertain feedback regarding satisfaction from our employees through opinion questionnaires/surveys. . For the past several years, the SU Community Link program has been used to administer the survey to the employees of Arc of Onondaga. The SU student compiles information and completes a comparison of data based on prior year's survey results and provides this to the HR Director. . These satisfaction surveys serve as a tool for HR and Executive Management to be able to assess the strengths and weaknesses of Arc of Onondaga as it relates to employee satisfaction, but these surveys also serve as an anonymous way of expressing potential concerns and dissatisfaction with aspects of being employed at Arc of Onondaga. This survey will be completed at minimum annually, or when Executive Management are requesting specific staff feedback (i.e. surrounding Arc of Onondaga's management of the COVID crisis). The results of such surveys will be reviewed by Chapter management and Board of Directors and used to enhance operations.

In November 2021, the Staff Satisfaction Survey was completed and utilized a Likert-Type scale for reporting satisfaction levels with different aspects of service at Arc of Onondaga. This scale consisted of 1 "strongly disagree", 2 "disagree", 3 "neutral", 4 "agree" and 5 "strongly agree. Some of the results of the Staff Satisfaction Survey were as follows:

- Staff felt as if they had the necessary tools and training to do their job
- The majority of staff felt that Arc of Onondaga promoted a positive work/life balance
- The majority of staff felt supported by both their supervisor as well as their coworkers and that their interactions with them were mostly positive

The Staff Satisfaction Survey also noted the following areas for improvement:

- Staff did not feel as if communication was adequate.
- Staff did not feel as if Therap "Splash Pages" were the most effective means of communication
- 52% of Staff did not feel as if they were fairly compensated for their work

The HR Director is responsible to implement action-based activities based on the results of the satisfaction surveys. This information is reported on to the Quality Improvement Committee on a monthly basis.

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

Executive Management at Arc of Onondaga 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.

Human Resources has developed a number of quality indicators regarding staffing and staff retention rate that is shared with the Quality Improvement Committee on a monthly basis. The goal of Human Resources at Arc of Onondaga includes to increase the number of applicants received each month to address staffing levels and potential staffing concerns. The Human Resources department at Arc of Onondaga has implemented key action steps which include increasing unique marketing strategies, creating outreach spreadsheets which list all the contacts the agency works with. Human Resources will actively maintain and update the spreadsheet that compares current open positions throughout the agency with individuals who are in the hiring process. The Arc of Onondaga utilizes ApplicantPro and Docusign as two electronic ways of managing applications and ensuring that applicants are making it to all steps of the hiring process.

In addition to ensuring that staffing levels are adequate for program operations and safety, Arc of Onondaga also acknowledges that staff retention and staff development are of upmost importance to ensuring that the individuals served within out programs receive a high quality of care. In order to achieve these goals Human Resources taken the following steps to help improve staff retention and development:

- Improve the agency onboarding process to include competitive compensation and onboarding surveys
- Complete annual satisfaction surveys to uncover agency strengths and weaknesses to be addressed
- Create a succession plan as well as Career Ladders for entry-level positions
- Increase completion metrics of performance evaluations
- Offer more virtual as well as in-person trainings when employees request such training, or training is deemed appropriate based on job performance
- Implement a Supervisor mentoring program within the agency
- Staff onboarding and initial training will be completed be all agency employees and monitored by HR as well as the Staff Development Coordinator. These initial trainings include but are not limited to:
    - Classes on how to keep individuals we serve safe such as CPR, First Aid, SCIP-R and Choking Prevention
    - How to develop a positive relationship with the people Arc of Onondaga support as well as their family members

- Professional Development
- Abuse/Neglect Prevention as well as incident reporting
- Supervisor Specific training as necessary

The Human Resources Department at Arc of Onondaga also takes employee safety seriously and makes all attempts to work with the Director of Facilities to minimize all work-related injuries. The Director of Human Resources shall provide the Chief Compliance officer with data related to the number of injuries to staff (OSHA Reportable) while on the job. This data will be analyzed by the Quality Committee and the Executive Management on an annual basis to develop recommendations and identify trends.

Additionally, this information will be submitted to The Arc New York annually.

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

The Chief Compliance Officer will send an annual attestation indicating the Board of Directors review and approval of the Quality Improvement Plan to the Arc NY state office on an annual basis. A copy of the Quality Improvement Plan is to be sent to Arc NY every three years.

The Arc of Onondaga Board of Directors shall review at least annually the performance of the agency's programs and services to determine that there is congruence between the Chapter mission statement, the Arc NY mission statement and Chapter operations. This will be documented in the Board Meeting Minutes. There is currently a member of the Board of Directors on the Incident Review Committee, as required by regulations.

The Board of Directors will have regular access to program sites and individuals through both planned visits or attendance at special events. The purpose of these visits are to build understanding of the services provided by the programs as well as educating individuals and staff about the role of the board. As the last two years of the pandemic have greatly impacted the ability of the Board of Directors to visit program sites or attend special events, it will be a goal over the next several years to re-implement visitation. The approach to this will have to balance the health and safety concerns of living in a pandemic with the need to be present at program locations.

Results of regulatory surveys are currently reported to the Board of Directors on a monthly basis by the Chief Compliance Officer. Upon implementation of self-surveys, these results will also be included in monthly reports. Additionally, survey data will be analyzed on an annual basis and reported to the Board by the Chief Compliance Officer.

The Arc of Onondaga Board of Directors is provided information on a monthly basis on the status of agency QA/CQI Indicators and Initiatives, staff turnover, retention and vacancy status, training opportunities offered to employees as well as Divisional reports detailing current status of census, programmatic changes, best practices, etc.

The Executive Director provides a summary of critical regulatory changes to the Board of Directors as needed.

The Chief Compliance Officer provides the IRC Annual report, which contains an analysis of trends for incidents, to the Board of Directors. The results of the analysis is shared with the Board and the information used to improve performance

Arc of Onondaga currently communicates the expectations for ethical conduct during initial agency orientation through the review and training of the agency code of conduct. The code of conduct is reviewed annually with all employees during Corporate Compliance Training. This is also completed on an annual basis with the Board of Directors.

The development and expression of self-advocacy by the people who receive supports and services from Arc of Onondaga is vital to the success of the agency. Arc of Onondaga current has a self-advocacy group called Arc Achievers that meets on a monthly basis. This group is comprised of individuals who receive supports at a variety of Arc of Onondaga program areas. There are also Individuals who receive supports and services on the Agency Safety Committee and Incident Review Committee. Participation in agency and divisional committees will continue to be encouraged.

IV. Arc NY Quality Indicators

To assess quality of the entire organization, Chapters must periodically provide information to Arc NY. This information, captured in three areas known as Indicators are as follows: a) Statements of Deficiencies, b) Incidents, and c) General Programs. Using the form provided by Arc NY, the Chief Compliance and Quality Officer will ensure the following reports have been made to assist with the Arc NY global quality initiative:

<u>General Program and Operation</u>

- Number of full time/part time employees
- Number of full time/part time employees who have exited employment
- Number of vacant FTE DSP positions
- Number of budgeted FTE DSP positions
- Number of vacant Frontline Management positions
- Number of budgeted Frontline Management positions
- Number of full time/part time DSP's
- Number of full time/part time DSP's who have exited employment
- Staff related injuries (OSHA Defined)
- Number of individuals served all programs; OPWDD only and IRA's; those served aged 18-65
- Number of participants in day supports/Number who are competitively employed
- Number of participants in certified residential programs/Number of participants receiving habilitation in non-certified settings

Statements of Deficiency

- Total number of BPC surveys
- Total number of BPC surveys resulting in a Statement of Deficiency
- Total number of OFPC surveys
- Total number of OFPC surveys resulting in a Statement of Deficiency
- Total number of OFPC surveys will all deficiencies met by FSES
- Number of 45 or 60 day letters

Incidents

- Total number of substantiated Reportable Incidents/Abuse-Neglect
- Total number of Reportable Incidents/Abuse-Neglect filed
- Number of allegations of abuse/neglect (14 NYCRR Part 624)
- Number of program participant injuries resulting from notable occurrences

On an annual basis, Arc NY metric data will be provided to the Board of Directors for review. This information includes a comparison to similar size chapters, as well as chapters across the state and regionally. Additionally, the Chief Compliance and Quality Officer provides the Board of Directors a comparison to prior year's data for Arc of Onondaga as our best comparison is against ourselves. The Arc NY state office must receive copies of the minutes of the Board meeting where that data has been reviewed and the targets for improvement for the coming year have been detailed.