

Living Alternatives for the Developmentally Disabled, Inc.

L.A.D.D., Inc.



Quality Improvement Plan 2018

MISSION

We Make The Difference!

VISION

Always striving to enhance the quality of life for all we served

<u>VALUES</u> <u>WE VALUE P.E.O.P.L.E</u>

PEOPLE: SEE PEOPLE AS A "WHOLE PERSON" FIRST

ENVIRONMENT: BUILD AN ENVIRONMENT OF H.O.P.E., TRUST AND HEALTHY RELATIONSHIPS

OPPORTUNITIES: CREATE OPPORTUNITIES FOR GROWTH AND MAKING G.O.O.D. DECISIONS

PROVIDE: PROVIDE GENTLE INTERACTIONS TO SHOW YOU C.A.R.E.

LEARN: LEARN TO APPRECIATE DIFFERENCES IN A TEAM AND TREAT ALL PEOPLE WITH DIGNITY AND RESPECT.

EMPOWER: EMPOWER BY USING S.O.U.L. AND POSITIVE, OPEN COMMUNICATION.

QUALITY IMPROVEMENT PLAN PURPOSE

To insure that L.A.D.D, Inc. continuously improves the quality of our services while always keeping the focus on our Mission, Vision and Values.

QUALITY MANAGEMENT METHOD

To insure all programs provide quality support services; L.A.D.D., Inc. develops and implements an approved Quality Improvement Plan that is focused on outcomes in the four categories of effectiveness, efficiency, access and satisfaction. The Quality Improvement Plan is developed, reviewed and updated during the strategic planning process by LADD Directors and trained to all management and employees.

QUALITY IMPROVEMENT PLAN

• Quality Improvement Goals and Action Items

The QI Plan contains goals, indicators and performance measures that align with the LADD Mission, Vision and Values as well as the Strategic Plan. The measures are monitored using routine data collection and review of processes. These processes are used to evaluate overall project performance on an on-going basis and to determine that risks were accessed prior to beginning the project, quality reviews were held, outcomes were tested, and satisfaction is monitored.

- Quality Assurance Processes, Quality Control Measures and Quality Criteria
 - Quality assurance activities focus on the processes being used to manage and deliver the solution to evaluate overall performance on a regular basis.
 Quality assurance is a method to insure that business activities will satisfy the quality standards and will define and record quality reviews, test performance, and stakeholder acceptance.
 - Quality control activities are performed continually to verify that supports are of high quality and meet quality standards set by L.A.D.D, Inc. Quality assurance also helps uncover causes of unsatisfactory results, establishes lessons learned to avoid similar issues in the future and tests to insure corrective action has been successful.
 - Team members agree on the accepted Quality criteria that will be used to evaluate final deliverable results before the results are formally approved. The Quality Improvement Plan consists of the procedure, expectations, monitoring period, report period and responsible parties.

| Goal | Focus Areas | Interventions/Strategies (Objectives), | Performance Measures (Indicators) |
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| | (Performance Targets) | How will LADD get there? | How will LADD know the goal was achieved? |
| 1. Increase retention of employees. Efficiency Measured Quarterly by the QA Department using available data from other Departments. | Happy Employees Long Term Employees Reduced Turn Over Rate SP Goal #2 | a. Continue with Management/Staff proactive contact. b. Organize and complete Staff Appreciation event in East and West. c. Assist Program Managers to develop team building activities at the program level related to the MVV. d. Ongoing training with Management on applying the MVV to employees and Above The Line Training. e. Train highly capable management team using an organized, systematic training curriculum. | Decrease staff conflict. Increase staff moral. Decrease staff turnover rate. Decrease the number of staff no call no shows. Decrease the number of staff who are late for their shift. Increase the number of staff who report their job as satisfying. Increase the number of staff who report satisfaction with Management response. |
| 2. Increase recruitment of a diverse and skilled workforce. Efficiency Measured Quarterly by the QA Department using available data from other Departments. | Happy Employees Long Term Employees Trained Employees Skilled Employees SP Goal #2 | a. Update the look of the Join our Team portion of the website b. Improve the ease of access to complete applications. c. Collect data on visits to the website and number of applications completed d. Participate in local job fairs, reporting on number of visits to booth. e. Complete advertising in professional media sites ie. Linkedin. Indeed, M-Live. h. Promote benefit package, and advancement opportunities on the website and at community events. i. Continue to utilize the Corporate Giving Program to promote community service and LADD's commitment. | Increase the amount of traffic to the website. Increase the number of applicants. Increase LADD's visibility in the community. Increase LADD's positive public image. Increase the promotion of people supported successes. Increase the number of candidates hired to work with children. |

QUALITY IMPROVEMENT GOALS AND ACTION ITEMS

| 3. Insure supports are HCBS compliant. Access Measured Quarterly by the QA Department using available data from other Departments. | Inclusion A Place they know is their Home & choose LADD service Contributing citizen in their community Privacy Personal choice & Self- Directed Monitor Modifications SP Goal #1, 4 | a. Utilize the referral system to accommodate emergency and routine referrals. b. Utilize the Welcome Packet and PCP Packet to include features like improved Personal Profile, improved releases and authorizations. c. Utilize system by which the people supported play a critical role in selecting the staff who support them. Update hiring policy to support person supported role in interview. Update release/authorization to support person supported role in interview. Develop interview questions and training for the person supported to use. Provide training to the staff to assist the person supported in the hiring process. d. Improve the People Supported website for ongoing training and self-directed supports. e. Review and revise policies to enhance a self-directed structure. | Review direct support services to meet HCBS standards. Increase the number of people who have achieved greater independence in their life. Increase the number of people who have achieved greater control of their life. Provide opportunities to assist people to choose their living arrangements and services. |
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| 4. Increase the use of technology. Efficiency Measured Quarterly by the QA Department using available data from other Departments. | Employees use Technology People Served use Technology SP Goal #3 | a. Implement an EHR. b. Train and implement EHR. c. Continue to convert existing systems to electronic formats i.e. Electronic Occupancy Logs. d. Continue to utilize communications via electronic formats i.e. Twitter. e. Utilize quick training factoids using electronic formats i.e. Twitter and Pop ups. g. Develop website/resources for people served/families. | Increase the number of people supported who are enrolled in an EHR. Increase the number of internal systems that are managed electronically. Increase the number of employees who use technology to receive LADD communication. Increase the number of people supported trainings available on line. Increase the use of technology to reach employees for training and communication. Increase the promotion of people supported success moving them towards Self-Determination. |
| 5. Increase the use of data to improve the quality of supports provided. Effectiveness Measured Quarterly by the QA Department using available data from other Departments. | Knowledgeable Employees Solution Focused Employees Data Driven Employees Track training/resource use for people served. SP Goal #5 | a. Complete training for management regarding data analysis. b. Complete training with management regarding development of recommendations using data analysis. c. Complete review and analysis of data at all levels of management. d. Develop training targeted at the identified areas. e. Provide training to staff in targeted areas/programs. f. Continue using IT ticket system. g. Continue using the Maintenance ticket system. h. Continue using complaint and investigation data to mitigate risk. i. Utilize comprehensive referral tracking system that includes: i. movement of people to the correct level of care. iii. days between referral, initial contact, meeting/planning, receiving staff. j. Continue to utilize Environmental Safety Checklist and external | Reduce the number behaviorally related IRs that result in police intervention. Reduce the number of physical interventions used. Reduce the number of medication errors resulting from staff error. Improve the environment in locations staffed by LADD and reduce risk to people and the organization. Improve the tracking of people across the continuum of care. |

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| 8. Increase regulatory | Trained Employees | a. Complete HIPAA Risk Assessment recommendations. | 1. Increase compliance with HIPAA standards. |
|---------------------------|-------------------------|----------------------------------------------------------|------------------------------------------------------------|
| compliance. | Knowledgeable Employees | b. Complete HIPAA Compliance Plan and train to staff. | 2. Increase compliance with OIG standards for an effective |
| | | c. Complete compliance risk assessment. | compliance program. |
| Effectiveness | | d. Update Corporate Compliance Plan and train to staff. | 3. Increase LADD readiness for the continuation of service |
| | | e. Complete Business Continuity Plan and train to staff. | provision. |
| Measured Quarterly by the | | | |
| QA Department using | | | |
| available data from other | | | |
| Departments. | | | |
| | | | |

QUALITY ASSURANCE PROCESSES, QUALITY CONTROL MEASURES AND QUALITY CRITERIA

| Quality Control Procedure | Quality Criteria Expectations | Monitoring Schedule | Report | Supporting Data | Where/to Whom Indicators Apply | Responsible Party |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------|------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Community Accessibility | Community Accessibility is monitored in daily documentation and monthly reports. | Monthly | Annually | Documentation in programs | All Programs | PCTS Managers QA Department |
| Guardian/ Family Contact | Guardians will be kept informed on information ranging from medical issues to daily information. L.A.D.D., Inc. will utilize the information given by guardians concerning the amount and way they wish to receive contact tab. | Quarterly | Annually | Communication Database | All Programs All Persons Supported | PCTS Managers Regional Directors QA Department |
| Tracking System Developed for Training | To ensure staff are highly trained in all areas necessary to perform their job according to contracts. | Monthly | Monthly | HR Database | | Director of QI/Training Manager/Supervisor Director of Services |
| Adult Foster Care Agreement Tracking | A database will be used to monitor the expiration date, the date agreement was mailed to the guardian and the date the agreement was signed and returned by the guardian. | Annually | NA | RCA Database and | | Finance Supervisor/West HR Manager/East |
| Records of Revised or Deleted Forms | Tracking to be completed via PPF system. | Monthly | NA | NA | | Director of Business Steering Committee |
| Incident Reports | Incident reports will be monitored to look for patterns, trends, potential causes, unusual and critical incidents and follow up. | Monthly/ Quarterly | Quarterly | IR Database | Berrien County Cass County Oakland County Calhoun County Van Buren County | Area Supervisors QA Department Emergency Management Committee Steering Committee RCA Committee |
| Specific Goals for the Individuals | Goals and Objectives will be monitored to insure that the goals are measurable, | Monthly/ Quarterly | Monthly | Services | All Programs All Persons Supported | Managers CLS Regional Director |

| Served in the CLS Programs | personalized, and reported for progress. | | | | | Area Supervisors QA Department |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Specific Goals for the Individuals Served in SIH and Licensed Programs | Goals and Objectives will be monitored to insure that the goals are measurable, personalized, and reported for progress. | Monthly/ Quarterly | Monthly | Services | All Programs All Persons Supported | Managers Supports Coordinator QA Department |
| Program Reviews | Program Reviews will be completed in each program by Directors one time a month. Program Reviews cover all shifts and all program types. A quality review once a month on every shift | Monthly | Monthly | QA Database | | Managers Regional Directors QA Department |
| | by program Managers. | | | | | |
| Review Strategic Plan | The Strategic Plan will be reviewed to insure that the company is progressing towards achieving the goals that have been set. | Monthly | Annually | Steering Committee Minutes File | | Steering Committee |
| Review of Barriers | Barriers will be reviewed and evaluated and plans of action will be created to try and eliminate any identified barriers, such as, attitudinal, architectural, communication, transportation, environmental, cultural, employment, community integration and transportation. | Monthly/ Quarterly Annually | Annually | QA Database | | PCTs Managers Area Supervisors Regional Directors Steering Committee QA Department |
| Environmental Checklist/ Monthly Safety Monitoring | Monthly Environmental Safety Checklist will be completed at each location. | Monthly/ Annually | Annually | QA Database | All Programs | Managers QA Department |
| Quality Assurance Department Reports | Directors will be informed of outcomes, trends, etc. including any data that is late, or of any goals that are not being met. The Steering Committee will review reports and the QI Plan guarterly. | Monthly | Monthly | File/Email | | QA Deptartment Director of Services Steering Committee |
| Recipient Rights Complaints/ Root Cause Analysis (RCA) | Regional Directors will report to the Steering Committee via DOS any substantiated Recipient Rights Complaints for tracking of patterns and ways to insure incidents will not continue to occur. The completed RCA is reviewed by Steering and communicated across the organization for proactive resolution. | Monthly | Annually | RCA Database | | Regional Directors Director of Services Steering Committee Emergency Management Committee QA Department |
| Person Centered Plan Dates | The dates of all Person Centered Plans will be tracked to insure completion of procedures and documentation as well as pre-planning. | Monthly/ Quarterly | NA | QA Database | All Programs All Persons Supported | Managers Area Supervisors QA Department |

| Compliance Audits/ Responding to Regulatory Agency audits and surveys | Audits will be reviewed and tracked for monitoring and patterns. Corrective action plans will address any finding with an appropriate response. The plan will be sent to the regulatory agency by the stated due date and records maintained by L.A.D.D., Inc. | Ongoing | Annually | Compliance Audit Database | | Steering Committee Regional Directors Managers Director of Services |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|---------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|
| Annual Quality Assurance Audits | The QA Department, Area Supervisor and Managers will complete internal audits on an annual basis for each program. | Annually | Monthly | QA Database | | Managers Area Supervisors QA Department |
| Requested Reports to RMHA'S Monthly summary of data SIL and Licensed, Day. H2015 ind. Data sent | Reports will be sent as requested. | Daily/ Monthly/ Quarterly | Quarterly Annually | Copies Maintained at the Regional Office | | QA Department Regional Directors |
| Emergency Management Committee | The Emergency Management Committee will monitor all areas that deal with health and safety, and review the Strategic and Quality Improvement Plans. Will report to the Steering Committee findings. | Monthly | Monthly | Director of QA files EMC | | Management |
| Billing Verification Review | Billing verification reviews will be completed to insure documentation is being completed correctly. | Annually | Quarterly | | | QA Department |
| Risk Management | Functions of the business will be reviewed to identify potential risks and plans to address high risk areas | Annually | Annually | | All systems related to Services, QA, HR, IT and Compliance | IT Director Compliance Officer Steering Committee |
| Outcome Reports | All reports will be completed and included on the QI Plan. | Semi-annual/ Annual | Semi-annul/ Annual | Outcome Management Reports | | Director of Business Steering Committee |
| Quality Assurance Committee | The QA Committee will continuously seek ways to improve the quality of the provided supports. The committee will include persons supported, guardians, staff, and Management. | Semi-Annual | Semi-annual | Minutes | Stakeholders | Regional Directors QA Department Steering Committee |
| Staff Council - | The Staff Council will continuously seek ways to improve the quality of the provided supports and the workplace. The committee will include staff, and Management. | Annual | Annual | Minutes | Employees | Regional Directors QA Department Steering Committee |
| Satisfaction Surveys | Surveys will be conducted to provide L.A.D.D., Inc. information on areas of success and areas requiring improvement. | Annual | Annually | Satisfaction and Survey Monkey | Stakeholders | QA Department Steering Committee |

| Person Centered Plan Survey | Surveys will be conducted to provide L.A.D.D., Inc. information on areas of success and areas requiring improvement. | Annual | Annually | QA Databases | All Programs All Persons Supported | QA Department Regional Directors Area Supervisors Managers |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|----------------------------------------------------|---------------------------------------|----------------------------------------------------------------------|
| Company wide Annual Evaluations | All Performance Evaluations to be completed at the end of the calendar year of the year being completed. | Annual | Annually | HR Databases | All Management | HR Department Area Supervisors Regional Directors Directors |
| Employee Turnover Rate and New Hire Turnover at the one year mark. | The amount of employee turnover will be monitored. | Quarterly | Annually | See Annual Outcome Management Report | | Director of HR Area Supervisors QA Department |
| Characteristics of the People We Serve | This information will be collected to aid in understanding or interpreting outcomes, to give an overview of the needs of the people supported, and may be incorporated into outcome measurement reports. | Annual | Annually | Person Served Database | All Programs All Persons Supported | QA Department Steering Committee |
| CCP and HIPAA Compliance | All compliance and HIPAA policies will be monitored for compliance. | On-going | NA | Annual QA Information Company QI Check sheet | | Compliance Officer Steering Committee |
| Policy and Procedure Review | Policies and Procedures will be reviewed to insure that they are updated with company changes. | On-going | N/A | Annual QA Information Company QI Check sheet | | Steering Committee Sub-Committees QA Department |
| Annual and Semi Annual Training | All required trainings will occur during Annual, Semi- Annual or a specialized training each year. Contracts will be reviewed to insure that all requirements are met with the RMHA as well as additional trainings set up that have an impact on the services we provide as noted on our Strategic Plan. | Annual/On-going | N/A | HR Database L.A.D.D., Inc. Training website. | | Director Ql/Training Training Supervisor |

Additional quality control and review items are added ongoing throughout the year. Information is available in the Steering Committee minutes.