ACHIEVE Annual Performance Improvement Plan

2022-2023

ACHIEVE is committed to the provision of services and supports that maximize the quality of life for each person supported. ACHIEVE believes that a comprehensive performance improvement plan meets our ongoing commitment to the attainment of system-wide best practices to improve outcomes and quality care. Our aim is to ensure that supports and services are provided in a safe, effective, person-centered environment. This plan provides a consistent process for improving quality of care, increasing satisfaction, and improving the safety of the people we support. Performance Improvement (PI) activities and projects expand across all departments/services and respond to the needs of people receiving services, staff, and the community.

PI focuses on high-risk, high-volume, systemic trends, and required regulatory issues. Outcomes and processes are identified and measured. The PI process is agency-wide and includes a system of information management that analyzes aggregate and comparative data. Using data to analyze performance helps ACHIEVE to identify meaningful improvement goals and to evaluate the effectiveness of improvements.

Purpose & Scope

The purpose of this plan is to outline the planned, systematic, organization-wide approach to quality assessment and continual performance improvement at ACHIEVE. ACHIEVE will focus on the development and management of data, improvement of data integrity, and the design of dashboards/reports for all service areas, as needed.

Mission

As a chapter of the Arc New York, Inc., it is the mission of ACHIEVE to advocate for an enhanced quality of life through skill advancement, inclusion, integration, socialization, and independence of persons with intellectual, developmental, and other disabilities through services provided in Broome, Chenango and Tioga Counties.

Vision

It is the vision of ACHIEVE to be the leading regional resource and premier provider of comprehensive services to individuals with intellectual, developmental and other disabilities.

Values

ACHIEVE has a rich heritage of ideals and values which are reflected in our Mission. Concurrent with the philosophy of Arc NY, we embrace the following values as we conduct the day-to-day affairs of our business:

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

Agency Organization

Board of Directors and Executive Leadership Team

The commitment to continuous improvement is the goal of every staff and board member at ACHIEVE. The Board of Directors supports and guides the agency through directional planning and establishment of the organization's mission/vision. Executive leadership achieves this mission/vision through the development of strategic planning. This guidance helps prioritize PI activities.

Executive and Senior leadership participate in planning, coordinating and communicating PI initiatives/results and overall efforts toward continuous improvement to quality. Improvement initiatives and data are shared with employees via SharePoint, email, company newsletters and staff meetings. Committee meeting minutes and ACHIEVE's annual PI Plan are available for employees to access on SharePoint for review. All employees are responsible for the ongoing and continuous assessment of personal outcomes for those served. Employees are responsible for continuous monitoring of the service delivery processes and communicating ideas/recommendations for improvements.

Performance Improvement Department

The Performance Improvement (PI) Department falls under the Chief Operating Officer. The PI Department provides a systematic approach to ensuring the quality of services and measurement of performance outcomes. Focus includes improving services through evaluating, monitoring and analyzing data pertaining to the areas of high-risk, high-frequency and high-cost.

The PI Department encompasses the areas of Quality Assurance, Incident Management, Staff Training and agency-wide Performance Improvement. The department collaborates with other departments in the areas of Safety, Infection-Control and Clinical Risk Management. In addition, the department monitors compliance with the Council on Quality Leadership (CQL) standards and coordinates CQL surveys and accreditation visits. The QI Department also assumes oversight of the monitoring and reporting of the Arc NY Key Quality Indicators.

The Director of Performance Improvement is responsible for monitoring framework to evaluate the effectiveness of service delivery, identify service gaps/improvement areas and plans of action that ensure continuity and quality. The Director is also responsible for facilitating the agency's Performance Improvement Panel.

Performance Improvement (PI) Goals & Objectives

The PI Department assists ACHIEVE in meeting performance outcome goals, accreditation and contract requirements. The goals listed below support a culture of continuous quality improvement.

- To design effective processes to meet the needs of people served and to remain consistent with the agency's mission, vision, goals and plan.
- To collect data that allows problem identification, monitors stability of existing processes, and identifies opportunities/changes that lead to sustained improvement.
- To provide holistic services that focus on the complete needs, goals and dreams of everyone served.
- To maintain compliance with contractual obligations, national accreditation standards, and state/federal laws and performance expectations.
- To aggregate and analyze data to identify changes needed for improvement of performance and decrease any potential organizational risk.
- To maintain collaboration and communication across ACHIEVE and to foster a culture focused on quality improvement
- To ensure that services provided are based on evidence-based and effective practices that minimize risk to those receiving services.

Continuous Performance Improvement

ACHIEVE's PI Panel and leadership help to identify opportunities for improvement. This is accomplished through continuously monitoring, analyzing, and improving workflows/procedures. Quality Assessment is accomplished by ongoing performance management, internal audits, satisfaction surveys, stakeholder feedback, data analysis and employee input.

The following internal documents support our continuous improvement efforts:

1. Satisfaction Survey Results
2. Grievance on Quality-of-Care Data
3. Staff Training and Credentialing
4. PI Panel Meeting Minutes
5. Dashboards and Reports
6. Internal Audit Data

7. Incident Reports/Incident Review Committee Annual Report
8. ACHIEVE's Strategic Plan
9. ACHIEVE's Risk Assessment Plan
10. ACHIEVE's CQL Basic Assurances Workplan

When performance data does not meet expectations or goals, PI activities may be implemented. Each activity follows PI principles to identify the root cause/problem, develop actions to address the cause, monitor improvements and sustain the improvement.

Staff Training and Development

ACHIEVE believes that robust training is the foundation of our ability to deliver services that improve people's lives. Providing the proper infrastructure to support a robust training program for staff and the people we support is paramount. It is ACHIEVE's policy and goal to ensure each employee receives the training needed for quality service provision and personal professional growth to meet the requirements of all regulatory bodies. The curriculum is developed based on the continued analysis of needs and additional training may be requested at any time.

The Director of Staff Education, or designee, develops a training plan, at least annually, to ensure that enough training opportunities are available to meet the needs of employees, supervisors and regulatory bodies. The required training for each position is evaluated at the initiation of a new position, with any changes in training requirements by outside regulatory agencies and a minimum of every 3 years. All staff must demonstrate competencies to maintain his/her position. Competencies must be reviewed and completed within 90 days of hire and annually thereafter. Competencies are documented in the staff personnel file and in the electronic learning management system (Relias).

Satisfaction Surveys

Satisfaction surveys are administered to individuals supported at least annually. Satisfaction surveys for the residential program will be administered during IRA house meetings at each IRA operated by ACHIEVE in the 1st quarter of the year. The survey will be a simple five question survey which can be answered by those who are verbal and non-verbal, utilizing the thumbs up, thumbs down and thumbs sideways response to the questions. Comments will also be captured to augment the survey responses. Survey questions are related to satisfaction with living at the IRA, the quality of the staff, activities they are engaged in, choices they make and satisfaction with personal goal progression.

The surveys are regularly reviewed and discussed with the PI Panel and results are shared with all staff through SharePoint and staff meeting presentations. The goal of these surveys is to set core measures for all programs to show overall satisfaction and quality. Surveys are based on the following domains:

- Access to services

- Treatment planning
- Quality and appropriateness of services
- Cultural sensitivity
- Outcomes
- Social connectedness
- General satisfaction

Satisfaction surveys are administered to ACHIEVE staff at least annually, typically in the 1st quarter of the year. The Staff Satisfaction survey will be sent out to all staff in February through Outlook email, Therap Splash Page and Paylocity. The survey data is reviewed by the PI Panel, shared with staff though staff meetings and is available via SharePoint. Data obtained is used in the organization's strategic planning process for future years and is a key driver of decisions and strategic planning across the organization.

Other satisfaction surveys are completed periodically with other stakeholders. This data is also analyzed and used to make data-driven decisions.

Performance Improvement Panel

The PI Panel will review and analyze ongoing data and work with the Director of Performance Improvement and the Chief Operating Officer in the development of ACHIEVE's annual Performance Improvement Plan. The Director of PI will chair the PI Panel. The Director will be responsible for reporting activities and the COO will make recommendations to the Executive Management Team. Minutes will be kept of each meeting to include a minimum of areas reviewed, discussion, recommendations, goals and target dates.

The PI Panel is responsible for:

- Identification, review and approval of quality improvement projects
- Review of monitoring/data results and reporting to evaluate the status achieved toward the indicator/outcome established
- Development of improvement projects or actions that ensure continual progress on goals
- Making recommendations to improve processes or quality control systems
- Documentation of all functions and/or actions taken by the panel

In addition, indicators that are outlined in the PI plan that directly relate to service delivery are assessed per the identified schedule for each initiative. Information obtained from assessment is reviewed with each service division's Vice President. These leadership teams share information throughout their services and work to identify opportunities for continual improvement. The COO is responsible for supervision of this PI process, and reports findings and follow-up to the Performance Improvement Panel or Executive Management Team as appropriate.

The PI Panel meets a minimum of once monthly. The PI Panel is comprised of representatives from staff in different departments and service areas within the organization.

Changes to PI Panel membership are made, as needed, to accurately reflect all individuals supported and services provided. Goals are supported by the PI Plan and PI Panel which outline specific actions to be taken, timelines, and assigned responsibilities.

Focused PI Workgroups

Some issues identified by the PI Panel may require a detailed review, and more attention than the PI Panel can provide at its regular meetings. The PI Panel may establish focused quality workgroups to examine issues in detail, or complete short or long-term improvement projects. The focused PI Workgroup holds meetings to define the issue to be examined for improvement, outcomes to be achieved by the team and associated timelines. Focused PI Workgroups will be assigned a team leader who will facilitate the workgroup sessions and who will report to the PI Panel as needed on progress.

Confidentiality

Subject to applicable federal, state and local laws/regulations, PI/QI records, data, and knowledge collected shall be confidential and all persons collecting such data will preserve its confidentiality. Data shall only be accessible to those taking part in the QI department/panel or to an accrediting/licensing agency responsible for insuring the existence of an ongoing and effective PI program.

Proposed Performance Improvement Goals/Activities

Performance goals address issues critical to people receiving services, staff and ACHIEVE's ability to serve the community. The priority of these goals is determined by the Executive Management Team and the PI Panel.

The selection of PI goals utilizes the following criteria:

- The goal's relationship to ACHIEVE's mission, vision, values and strategic plan
- Focus on improving a person's supported experience and treatment outcome
- Building an integrated care delivery system that focuses on the whole person
- Identifying areas of improvement or targeted populations that are:
    - High-risk
    - High-volume
    - Systemic trends
    - Related to satisfaction
    - Related to health and safety
    - Related to risk management, and/or
    - Recognized priorities from the Arc NY

PI activities may change over time as our priorities and strategies change. Data collection is based on the availability of resources and needs of the organization. Requirements for data collection imposed by funding sources and legal/regulatory agencies are also included. ALL PI activities or projects will include an initial baseline value, a goal measured in the same units and data performance that would be compared against the baseline to measure improvement.

As a chapter of NYSARC, Inc (Arc NY) ACHIEVE maintains data on the identified Key Quality Indicators (KQIs) set forth each year by the Arc NY. ACHIEVE will provide both quarterly and annual data to the Arc NY on these KQIs. The chart below outlines the metrics that are tracked as well as the reporting interval. These KQIs are also folded into the agency's balanced scorecard (described in the following section and are attached).

Key Quality Indicator	**Reporting Interval**
Staff Turnover Rate	Quarterly, Annually
Front Line Management Turnover Rate	Quarterly
DSP (Direct Support Professionals) Vacancy Factor	Quarterly, Annually
Front Line Management Vacancy Rate	Quarterly
% BPC (Bureau of Program Certification) Surveys Resulting in a POCA (Plan of Corrective Action)	Quarterly, Annually
% OFPC (Office of Fire Prevention and Control) Surveys Resulting in a POCA	Quarterly, Annually
IRA (Individualized Residential Alternative) ER (Emergency Room) Visit Rate	Quarterly
Substantiated Abuse & Neglect/100 Individuals	Quarterly, Annually
Injuries to Employees	Annually
Employment Rate Total (Working Age)	Annually
Average # Individuals Residing in IRAs (Individualized Residential Alternative) During Year	Annually
Abuse & Neglect Allegations/100 Individuals	Annually
Injuries to Individuals/100 Individuals	Annually

Quality Culture

ACHIEVE will work toward a quality culture based on continuous improvement, data drive outcomes and increased transparency of targeted improvement efforts. Initial goals include training of program and administrative staff regarding both continuous performance

improvement principles and specific performance improvement initiatives. Progress in meeting these goals and objectives is an important part of the annual evaluation of performance improvement activities. Data is transparent and is utilized to inform all decisions on PI initiatives. To support this culture of quality, the PI Department will provide training in performance/quality improvement methods and the importance of continuous quality improvement for continued growth.

In addition, there will be a focus on having each service division be responsible for assessing and improving quality within their own departments. The goal is to identify specific reports or scorecards/ dashboards needed to generate these reports for regular review, creating and ensuring accountability and transparency of data and outcomes for each program. The Chief Operating Officer will work with program Vice Presidents to accomplish this objective.

Agency-Wide Metrics

The organization will utilize a balanced scorecard with key performance indicators in each of the four areas: Financial, Operations, Customer and Employees. The scorecard will be monitored by the PI Panel and the Executive Management Team. Any areas falling short of expected targets will be of focus and will be supported by the PI Plan.