

## Accessing Independence Quality Management Plan 2021

**Purpose:** Accessing Independence (AI) is committed to providing high quality care to its participants. AI performs the following processes to ensure participant satisfaction and compliance with AI policies and procedures, as well as federal and state regulations:

### Responsibilities of QM Team:

- Review of bi-monthly **Critical Events/Incidents** including follow up and quality improvement recommendations. Determine preventable vs unpreventable.
- Review of bi-monthly **Grievances/Complaints** Report including follow up and quality improvement recommendations
- Review Quarterly Participant **Satisfaction Surveys**
- Ensure that required **training** under regulation 52.21 is provided annually
- Review of monthly **QA audit** results
- Review of open items from previous month's meeting

### Critical Events/Incidents:

- With the implementation of OLTL- EIM effective October, 2011, EIM is reviewed in detail during monthly QA monitoring. Critical Events/Incidents through EIM are analyzed during the QA monthly monitoring, trends are identified, and recommendations for program improvement and prevention are discussed for implementation. Any required follow up is noted in meeting minutes for final follow up during the following AI QA meeting. OLTL-QMET completes the final EIM review, investigates, as needed and closes the report in EIM, as appropriate. Team will also review and analyze all non-OLTL incidents that are recorded in ILS internal database.
- Review DOH Chapter 51 Incident Reporting

### Grievances/Complaints:

- All grievances/complaints will be documented in Halo by the individual who receives the complaint and documented on complaint log. Individual will be responsible for providing resolution, documentation and communication of resolution.
- The Safety Mentors will review complaint log, prior to the QA meeting, to insure resolution has been recorded.
- Grievances/Complaints are analyzed on a monthly basis by the QA Team at the QA meetings. The reports from all offices are reviewed, trends identified, and recommendations for program improvement and prevention are discussed and implemented.

### Satisfaction Surveys:

- At least 2 participants per staffing supervisor will have satisfaction surveys conducted by the resource center monthly. The sample will include newly enrolled participants within ninety (90) days of enrollment. The QM Committee will review the satisfaction report results and submit suggested

improvements with the monthly summary report to the AI Program Director. Goal is to achieve a satisfaction overall score of 75% or greater.

- 10% of Schuylkill County Options consumers surveyed monthly (pg. 58 of contract)

### **Training:**

The QM Team ensures the following required trainings are provided:

- New hire orientation
- HALO training for new hires
- Direct Care Worker Competency Training
- Annual staff member training - § 52.21
  - (d) A provider shall implement **standard annual training** for staff members providing services which contains at least the following:
    - (1) Prevention of abuse and exploitation of participants.
    - (2) Reporting critical incidents.
    - (3) Participant complaint resolution.
    - (4) Department-issued policies and procedures.
    - (5) Provider's quality management plan.
    - (6) Fraud and financial abuse prevention.

### **QA Audits:**

- The QM team will review the prior month's audit results from the Participant File Follow up Dashboard, and establish trends, retraining needs, and identify opportunities for improved processes.
- The QM team will review and discuss the "unjustified hours" portion of the audit and discuss remedies and solutions if necessary.
- The team will also review the summarized audit results.

### **Quality Improvement Goals:**

- Maintain a QM Team which meets regularly to analyze all critical events/incidents, grievances/complaints, participant file reviews, fraud issues, surveys, and other service delivery issues
- Maintain standardized policies, procedures, forms, and standardized shared drive across AI sites, including but not limited to SOP and Halo.
- Maintain QM monthly check list to review Participant files
- Track and trend grievance/complaints with process improvement recommendations
- Reviewing training tracking process to determine if we can create any efficiencies