

Quality Management Plan

Entity Name: United Cerebral Palsy of Central Pennsylvania

Year: 2019/2020

Focus Area: Participant Safeguards

| Goal | Outcome | Target Objective | Performance Measures/Data Source(s)/ Frequency/Responsible Person |
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| All individuals served by the organization are free from abuse, neglect, and exploitation. | The organization implements plans of correction timely to prevent recurrence of incidents and/or non-compliance. | <p>By November 1, 2019, 95% of all corrective action plans will be implemented and documented within 30 days of incident finalization.</p> <p>Baseline: Recent compilation of corrective action plans in a spreadsheet identified gaps in timely implementation and gathering of documentation.</p> <p>Status: Quality Manager tracking incident finalization dates and gathering documentation of corrective action plans. Quality Manager sending reminders to supervisors/managers when items are needed.</p> | <p>PM: # of corrective action plans implemented and documented within 30 days of finalization divided by total number of finalized incidents.</p> <p>DS: EIM tracking smartsheet</p> <p>Freq.: Monthly (at incident management meetings)</p> <p>RP: Quality Manager</p> |
| All individuals served by the organization are free from abuse, neglect, and exploitation. | Incidents are investigated and closed in a timely manner. | <p>By November 1, 2019, 95% of incidents will be finalized in 30-days (or have timely requested an extension).</p> <p>Baseline: QAI self-assessments in 8/18 and 8/19 revealed late filings or late requests for extensions. Between October 2018 and June 2019, 52 of 327 (16%) filed incidents were not finalized timely or did not have an extension request timely filed.</p> <p>Status: Point persons were retrained (9/13/19) as indicated in QAI corrective action. Procedure being developed to ensure incidents are filed by 5PM on the 29th day after filing.</p> | <p>PM: # of incidents finalized within 30 days divided by the total number of incidents.</p> <p>DS: EIM tracking smartsheet</p> <p>Freq.: Monthly (at incident management meetings)</p> <p>RP: Quality Manager</p> |

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| All individuals served by the organization are free from abuse, neglect, and exploitation. | Incidents are reported in a timely manner. | <p>By December 1, 2019, 95% of incidents are reported and entered into EIM within 24 hours.</p> <p>Baseline: QAI self-assessment in 8/19 revealed late reporting of incidents. Between October 2018 and June 2019, 72 of 327 (22%) filed incidents were not reported and entered into EIM within 24 hours.</p> <p>Status: Point persons were retrained (9/13/19). When applicable, MEs are retrained on the reporting guidelines.</p> | <p>PM: # of incidents submitted each month more than 24 hours after occurrence divided by the total number of incidents filed that month.</p> <p>DS: EIM tracking smartsheet</p> <p>Freq.: Monthly (at incident management meetings)</p> <p>RP: Quality Manager</p> |

| Quality Management Plan | | | |
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| Entity Name: United Cerebral Palsy of Central Pennsylvania | | | Year: 2019/2020 |
| Focus Area: Participant-Centered Service Planning and Delivery | | | |
| Goal | Outcome | Target Objective | Performance Measures/Data Source(s)/ Frequency/Responsible Person |
| Individuals will have the opportunity to express their choices and preferences and make decisions concerning their lives. | Individuals' preferences are considered when creating a schedule. | <p>100% of all individuals receiving relevant services will have preference assessments completed by December 2019.</p> <p>Baseline: QAI self-assessment revealed the organization does not have a policy related to freedom of choices, movement and access.</p> <p>Status: In November 2018, a CPS schedule policy was adopted which details the use of preference assessments to create schedules. CHC creates personalized service plans for each supported individual.</p> | <p>PM: # of assessments completed divided by total number of individuals receiving relevant services.</p> <p>DS: Site audit data</p> <p>Freq.: Quarterly</p> <p>RP: Senior Director Operations</p> |

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Focus Area: Participant-Centered Service Planning and Delivery

| Goal | Outcome | Target Objective | Performance Measures/Data Source(s)/ Frequency/Responsible Person |
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| <p>Every person has an effective way to communicate to express their choices and ensure their health and safety.</p> | <p>Individuals' communication plans and strategies will be implemented as written.</p> | <p>100% of all staff overseeing relevant services will have trained on individuals' communication plans prior to working with that individual.</p> <p>Baseline: QAI self-assessment in 8/19 revealed 1 employee was not trained on a communication plan prior to working with an individual.</p> <p>Status: Quarterly site audits will spot check training on communication plans. AWC and CHC will identify individuals who could benefit from communication strategies, prepare them and train staff on them.</p> | <p>PM: # of staff trained on communication plans divided by total number of staff providing services.</p> <p>DS: Site audit data</p> <p>Freq.: Quarterly</p> <p>RP: Senior Director Operations</p> |
| <p>Staff have the knowledge and expertise to provide support to individuals in our care.</p> | <p>Staff provide services that allow individuals to achieve greater independence, choice, and opportunity.</p> | <p>100% of employees complete all required initial training and subsequent annual training.</p> <p>Baseline: QAI self-assessment in 8/19 revealed 1 Managing Employer was not trained on their responsibilities prior to assuming the role. Review of monthly block trainings revealed some staff are not completing the monthly trainings as scheduled.</p> <p>Status: Supervisors retrained on strategies to ensure all staff have opportunity to complete monthly training. AWC developing additional methods to follow up with staff who have not completed required training.</p> | <p>PM: The number of staff who have completed the annual training requirements divided by the total number of files reviewed.</p> <p>DS: Employee training log review: 5%</p> <p>Freq.: Quarterly</p> <p>RP: Training Director</p> |

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| <p>Staff are involved in annual reviews of individuals' service plans.</p> | <p>Staff provide input into reviews of an individuals' care in order to ensure greater levels of understanding, cooperation and success.</p> | <p>100% of all service plan meetings will be attended by at least 1 agency representative and documentation of attendance will be filed.</p> <p>Baseline: QAI self-assessment 8/19 revealed missing documentation of ISP meeting attendance.</p> <p>Status: Processes are in place to ensure attendance at service plan meetings. Will reassess quarterly for additional gaps.</p> | <p>PM: The number of service plan meetings attended divided by the total number of service plans which occurred.</p> <p>DS: File review: 5%</p> <p>Freq.: Quarterly</p> <p>RP: Division Directors</p> |
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Quality Management Plan

Entity Name: United Cerebral Palsy of Central Pennsylvania **Year:** 2019/2020

Focus Area: Participant Outcomes and Satisfaction

| Goal | Outcome | Target Objective | Performance Measures/Data Source(s)/ Frequency/Responsible Person |
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| <p>Services are delivered by fully engaged competent staff in the manner that represents the interests and abilities of each individual.</p> | <p>Individuals receive services from staff who are focused on person-centered, meaningful work.</p> | <p>90% of employees who respond to the survey indicate that they are either "satisfied" or "highly satisfied" in their ability to perform meaningful work.</p> <p>Baseline: Staff survey completed March/April 2019. AWC staff members 94% highly satisfied or satisfied and other agency staff members 85% highly satisfied or satisfied with ability to perform meaningful work.</p> <p>Status: Additional survey in August/Sept. 2019 conducted to address issues in communication across organization as raised by previous survey.</p> | <p>PM: Responses employees who complete annual surveys.</p> <p>DS: Annual Employee Survey</p> <p>Freq.: Annually</p> <p>RP: Quality Manager/HR Business Partner</p> |

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| Focus Area: Participant Outcomes and Satisfaction | | | |
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| Individuals' involvement in their services is valued in order to provide quality level of care for each individual. | Individuals and their families feel they are involved in their services which are, in turn, improving their quality of life. | <p>90% of individuals who respond to the survey indicate that they are either "satisfied" or "highly satisfied" with involvement in decision making and related improvement in quality of life.</p> <p>Baseline: Consumer survey completed March/April 2019. AWC consumers 91% highly satisfied or satisfied overall and other agency consumers 88% highly satisfied or satisfied overall with involvement in decision making and/or how services improve quality of life.</p> <p>Status: Re-evaluate satisfaction during next annual survey.</p> | <p>PM: Responses from individuals who complete annual surveys.</p> <p>DS: Annual Consumer Survey</p> <p>Freq.: Annually</p> <p>RP: Quality Manager/HR Business Partner</p> |

Quality Management Plan

Entity Name: United Cerebral Palsy of Central Pennsylvania

Year: 2019/2020

Focus Area: Provider Capacity and Capability

| Goal | Outcome | Target Objective | Performance Measures/Data Source(s)/ Frequency/Responsible Person |
|--|---|--|--|
| Performance data is used as the basis for quality improvement initiatives across the organization. | The organization consistently implements plans to prevent recurrence of non-compliance. | <p>100% compliance on previous areas of noncompliance by December 2019.</p> <p>Baseline: Recent licensing in CPS and residential services identified repeat areas of noncompliance. Recent audit of CHC revealed an area of repeat non-compliance.</p> <p>Status: Quality Manager tracking citations year over year which is used to prepare for future licensing/audits. Forms committee formed to further standardization.</p> | <p>PM: # of repeat occurrences of noncompliance</p> <p>DS: Results of announced and unannounced licensing visits and/or audits.</p> <p>Freq.: As licensed</p> <p>RP: Quality Manager/Senior Director of Operations</p> |