

**Quality Management Plan**

**Entity Name:** United Cerebral Palsy of Central Pennsylvania

**Year:** 2021/2022

**Focus Area:** Participant Safeguards

<b>Goal</b>	<b>Outcome</b>	<b>Target Objective</b>	<b>Performance Measures/Data Source(s)/ Frequency/Responsible Person</b>
<p>All participants served by the organization are free from abuse, neglect, and exploitation.</p>	<p>The organization implements plans of correction timely to prevent recurrence of incidents and/or non-compliance.</p>	<p>By June 30, 2022, 95% of all corrective action plans will be implemented and documented within 30 days of incident finalization.</p> <p><b>Baseline:</b> Between March 1, 2021- February 28, 2022, excluding medication errors, 154 incidents have been filed which are now finalized and at least 30 days have passed since that date of finalization. Of those 154 incidents, 144 CAPs are complete (94%).</p> <p><b>Status:</b> Manager, Quality and Compliance continues to track CAP completion rates. Manager, Quality and Compliance also gathers corrective action plans and sends weekly reminders to division leaders when items are outstanding.</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: Manager, Quality and Compliance</p>
<p>All participants served by the organization are free from abuse, neglect, and exploitation.</p>	<p>Incidents are investigated and closed in a timely manner.</p>	<p>By June 30, 2022, 95% of incidents will be finalized in 30-days.</p> <p><b>Baseline:</b> Between March 1, 2021 and February 28, 2022, 183 incidents have been filed which should have been finalized. Of those 183 incidents, 19 were not finalized within 30 days (10%).</p> <p><b>Status:</b> Manager, Quality and Compliance continues to track incident finalization data monthly. Refresher Point Person training is being developed to help with the timely finalization of</p>	<p>PM: # of incidents (in past calendar year) finalized within 30 days divided by the total number of incidents finalized (in past calendar year).</p> <p>DS: EIM tracking smartsheet</p> <p>Freq.: Monthly (at incident management meetings)</p> <p>RP: Manager, Quality and Compliance</p>

		<b>incidents. Training will be completed by June 2022.</b>	
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<p>All participants served by the organization are free from abuse, neglect, and exploitation.</p>	<p>Incidents are reported in a timely manner.</p>	<p>By June 30, 2022, 95% of incidents will be entered into EIM within 24 hours.</p> <p><b>Baseline: Between July 1, 2021 and February 28, 2022, 165 incidents were filed and 17 were not submitted to EIM within 24 hours of discovery, resulting in a current timely reporting rate of 90%.</b></p> <p><b>Status: Manager, Quality and Compliance continues to track timely incident reporting data monthly Refresher Point Person training being developed to help with the timely entry of incidents. Training will be completed by June 2022.</b></p>	<p>PM: # of incidents (in past calendar year) submitted more than 24 hours after occurrence divided by the total number of incidents filed (in past calendar year).</p> <p>DS: EIM tracking smartsheet</p> <p>Freq.: Monthly (at incident management meetings)</p> <p>RP: Manager, Quality and Compliance</p>
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## Quality Management Plan

**Entity Name:** United Cerebral Palsy of Central Pennsylvania

**Year:** 2021/2022

**Focus Area:** Participant-Centered Service Planning and Delivery

<b>Goal</b>	<b>Outcome</b>	<b>Target Objective</b>	<b>Performance Measures/Data Source(s)/ Frequency/Responsible Person</b>
<p>Every participant has an effective way to communicate to express their choices and ensure their health and safety.</p>	<p>Participants' communication plans and strategies will be implemented as written.</p>	<p>100% of all staff overseeing relevant services will have training on participants' communication plans prior to working with that participant.</p> <p><b>Baseline:</b> QAI self-assessment revealed 1 employee was not trained on a communication plan prior to working with a participant.</p> <p><b>Status:</b> Quarterly audits will spot check training on communication plans. Audits will occur June 2022, September 2022, December 2022 and March 2023.</p>	<p>PM: # of staff trained on communication plans divided by total number of staff providing services.</p> <p>DS: 5% sampling of participants receiving services which require communication plans.</p> <p>Freq.: Quarterly</p> <p>RP: Manager, Quality and Compliance</p>
<p>Every participants' progress will be regularly and timely monitored to determine if the supports provided need to be adjusted.</p>	<p>Participant progress will be timely reviewed in order to implement changes as needed.</p>	<p>By September 30, 2022, 85% of monthly progress notes will be completed within 30 days of the completion of the service month.</p> <p><b>Baseline:</b> QAI self-assessment revealed of the 243 reviewed monthly progress notes, 99 were not completed within 30 days of the completion of the month of service. Baseline timely completion is 59%.</p> <p><b>Status:</b> Guidelines were developed (March 2022) to provide direction to AWC team members as to the timeline expectation for completion of monthly progress notes (MPNs) and schedules were adjusted to allow dedicated MPN completion time. Audits will occur June 2022, September 2022, December 2022 and March 2023.</p>	<p>PM: The number of monthly progress notes completed within 30 days divided by the total number of monthly progress notes.</p> <p>DS: 5% sampling of participants receiving services.</p> <p>Freq.: Quarterly</p> <p>RP: Manager, Quality and Compliance</p>

**Quality Management Plan****Entity Name:** United Cerebral Palsy of Central Pennsylvania**Year:** 2021/2022**Focus Area:** Participant-Centered Service Planning and Delivery

<b>Goal</b>	<b>Outcome</b>	<b>Target Objective</b>	<b>Performance Measures/Data Source(s)/ Frequency/Responsible Person</b>
Staff are involved in annual reviews of participants' service plans.	Staff provide input into reviews of a participant's care to ensure greater levels of understanding, cooperation and success.	<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><b>Baseline:</b> QAI self-assessment revealed of the 20 reviewed ISP meeting attendance sheets, 1 did not have a UCP staff member in attendance. Baseline attendance is 95%.</p> <p><b>Status:</b> Communication will be distributed to Supervisors, Managers, Instructors and Directors to explain why service plan meeting attendance is important and the importance of attending and documenting attendance. Communication will be distributed by April 2022.</p>	<p>PM: The number of service plan meetings attended and documented divided by the total number of service plan meetings which occurred.</p> <p>DS: 5% sampling of participants receiving services.</p> <p>Freq.: Quarterly</p> <p>RP: Manager, Quality and Compliance</p>

**Quality Management Plan**

**Entity Name:** United Cerebral Palsy of Central Pennsylvania

**Year:** 2021/20222

**Focus Area:** Participant Outcomes and Satisfaction

<b>Goal</b>	<b>Outcome</b>	<b>Target Objective</b>	<b>Performance Measures/Data Source(s)/ Frequency/Responsible Person</b>
<p>Services are delivered by fully engaged competent staff in the manner that represents the interests and abilities of each participant.</p>	<p>Participants 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 “strongly satisfied” in their perception of being an accepted member of a work team.</p> <p><b>Baseline:</b> Staff survey completed September 2021. Results indicated staff members are 88% satisfied or highly satisfied with feeling as though they are an accepted member of a work team.</p> <p><b>Status:</b> UCP Listens rolled out in February 2022 to allow employees multiple avenues to provide feedback. Re-evaluate satisfaction during next annual survey to be completed in Fall of 2022.</p>	<p>PM: Responses employees who complete annual surveys.</p> <p>DS: Annual Satisfaction and Employee Survey</p> <p>Freq.: Annually</p> <p>RP: Manager, Quality and Compliance/CEO</p>
<p>Participants’ involvement in their services is valued in order to provide quality level of care for each participant.</p>	<p>Participants and their families feel they are involved in their services which are, in turn, improving their quality of life.</p>	<p>95% of participants who respond to the survey indicate that they are either “satisfied” or “strongly satisfied” with services provided.</p> <p><b>Baseline:</b> Participant survey completed March/April 2021. 92% of participants indicated they are satisfied or strongly satisfied with the services provided directly by UCP.</p> <p><b>Status:</b> Division Directors reviewed survey data and created relevant action plans. Re-evaluate satisfaction during next annual survey to be completed in Spring of 2022.</p>	<p>PM: Responses from participants who complete annual surveys.</p> <p>DS: Annual Consumer Survey</p> <p>Freq.: Annually</p> <p>RP: Manager, Quality and Compliance/CEO</p>

