

EFFECTIVE DATE: 10/01

POLICY NO: COMP-301



SECTION: Compliance

REV: 11/03, 8/09, 12/09, 3/11, 6/14, 8/18, 4/19, 9/19,
2/20, 5/21, 1/23, 2/25

APPROVED: VMS

INTERNAL QUALITY IMPROVEMENT PLAN

- I. **Scope:** Applies to all Community Based Services, Inc. (CBS) programs, including Residential, Site-Based Day Habilitation, Vocational, SEMP, Community Habilitation, and Respite.
- II. **Purpose:** To ensure that we have a quality improvement system in place that goes beyond regulatory compliance, which will monitor and make recommendations for Agency-wide excellence and quality support and services.
- III. **Definition:** Community Based Services, Inc. has developed an ongoing system for Quality Improvement that is not just in response to OPWDD audit compliance but ensures that our core values are being put into practice, always including a person-centered system to provide people with appropriate supports.

IV. Procedures

- A. Support oriented programs operated by this Agency will conduct an internal Quality Improvement assessment. This annual review will include, but not limited to the following departments: Residential, Community Programs, Training, Nursing, Human Resources, Accounting, and Facilities and Grounds.
- B. Each department's assessment will include a section pertaining to issues of quality improvement to ensure that we are following procedures and to identify risk areas for evaluation and correction. Any identified issues will be reviewed by the Department Director, the COO and/or the CEO and CSO.
- C. The Internal Quality Improvement Assessment, when completed, will be forwarded to the Department Directors for review and timely implementation of corrective action.
- D. Corrective actions are then submitted with the Quality Improvement assessment to the Director of Quality Improvement for review and shared with the Chief Operating Officer, Chief Strategy Officer, and Chief Executive Officer.
- E. The assessment will be discussed at the quarterly Corporate Compliance/Quality Improvement meeting; minutes of this meeting will be provided to the Chief Executive Officer.

- F. In addition to the assessment described above, the Agency does have in place Quality Improvement procedures that are implemented and reviewed. These include the following:
1. Residential site-specific fire evacuation plans are reviewed regularly and updates in procedure and training for both staff and the individuals we support are provided, as required.
 2. For Residential programs, on a quarterly basis, the House Supervisor and Habilitation Coordinators will complete a Quarterly Summary (QI-20 & QI-22), which reviews in-house safety, person-centered planning, service delivery and rights. The Residence Nurse will also complete a Quarterly Summary (QI-21) for nursing duties, with a focus on individuals health.
 3. On a monthly basis, a member of the Facilities and Grounds Department and the House Supervisor will complete an Environmental Rounds of the facility (RES-400). Corrective actions are put in place and prioritized. People residing in the home will participate in these environmental rounds as appropriate.
 4. Members from the Executive Team, Program/Clinical, Training, Residential and Nursing Departments will make unannounced visits and observations of mealtimes, medication administration, and staff action plans. Follow-up will be initiated as appropriate for any findings requiring improvement. The agency will also schedule unannounced visits to our Community Programs and sites.
 5. There are established incident review and reporting procedures, including the completion of an Annual Trend and Pattern Report, in accordance with the Justice Center and OPWDD regulations.
- G. When completing the annual Quality Improvement Assessment, the previous year's assessment is reviewed to ensure that outstanding areas were corrected and to determine a trend in non-compliance. Areas that have not been satisfactorily addressed will be discussed with the Department Director responsible and the Chief Operating Officer.
- H. Community Based Services has adopted OPWDD's Core Competencies for Direct Support Professionals. The Talent Development Coordinator will work with Department Directors to train all staff in the seven competency goal areas. Direct Support Professionals will be evaluated on this model, focusing on the knowledge, skills, and attitude necessary to complete their job duties.
- I. A Safety Committee Meeting is held quarterly. Discussion may include:
1. Staff Injuries and Reporting
 2. Environmental Safety in the administrative offices, residential and community sites

3. Emergency Preparedness updates

4. Safe patient handling update

- J. Annual satisfaction surveys will be initiated to ensure satisfaction with the services provided; findings in need of correction will be addressed, as appropriate.
- K. The Quality Improvement Plan will be reviewed and approved by the Chief Executive Officer and shared with the Board of Directors as appropriate. The Internal Quality Improvement Plan Policy will remain with other agency policies and procedures which are available to all employees.

A copy of the Quality Improvement Plan is available to individuals receiving services, families/advocates, and Agency employees upon request. The plan can be requested via email to the Director of Quality Improvement. This information is posted on the Agency website.