

# LifeSpan...A Community Service 2009 Quality Improvement Plan

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## Introduction

Under the direction and authority of the Board of Directors, LifeSpan's Quality Improvement Program operates in order to improve services and health outcomes for our stakeholders. The 2009 plan is a continuation of a program designed to maximize stakeholder involvement and identify and prioritize opportunities to improve services and agency business practices. Through our Quality Improvement Program, we transform data, feedback, and research into practice and continually monitor and evaluate services to meet staff, client, and community needs.

LifeSpan's Quality Improvement Program is an organized set of ongoing activities aimed at accomplishing goals set in support of our agency mission: *"To inspire individuals with or without disabilities to realize their highest potential."* These goals are based on CARF accreditation standards, LifeSpan leadership priorities, LifeWays standards, and consumer satisfaction.

## Program Purpose

Working in collaboration with all stakeholders in the organization and community the Quality Improvement Program is designed to;

- Ensure compliance with state and federal laws, licensing and accreditation regulations
- Ensure service effectiveness through the measurement and assessment of program outcomes
- Utilize stakeholder feedback to identify opportunities for improvement
- Generate information and organize resources to set and accomplish agency goals
- Maximize the efficient use of agency resources to ensure services assist consumers to realize their highest potential.

## Scope

The Quality Improvement Plan was devised to include and impact all programs within the LifeSpan Organization; PICC (Jackson and Hillsdale), PICC Rewards, Community Respite Center, Joey's Junction, PICC Home Care, Hope House, Fowler House, and PICC Wellness. These programs are monitored within the areas of; program effectiveness, program efficiency, service accessibility, and stakeholder satisfaction.

Contributors to the plan include LifeSpan Board of Directors, the Steering Committee, Quality Teams, consumers and other stakeholders. LifeSpan has quality expectations that meet those of Lifeways, our Regional Mental Health Association, and CARF.

## Program Structure

Quality Improvement at LifeSpan is driven by the Board of Director's commitment to the highest level of quality service to all program stakeholders. The LifeSpan Board of Directors and Executive Director reviews the Quality Plan in its entirety, annually. Updates, revisions and additions, identified through

monthly board meetings and steering committee meetings, are made as they are identified. This involvement of organizational leadership insures that quality improvement initiatives are consistent with our mission and our strategic plan. Agency leadership actively participates in the Quality Improvement Program.

*Board of Directors.* The Board of Directors has ultimate authority for the Quality Improvement Program. The Quality Improvement Plan is reviewed by the Board of Directors annually. Through its review of on-going quality reporting, the Board determines the direction of quality improvement efforts and highlights areas of concern, requesting reporting focus.

*Executive Director, Barb Freysinger.* The Executive Director determines all program activities and oversees the implementation of all quality improvement activities. The Director monitors activities, performance results, and determines solutions. The Director chairs the Steering Committee and manages program evaluation efforts. Time-lines, program priorities and resource distribution are the sole decisions of the Executive Director.

*Quality Manager, Shannon Jackson.* The Quality Manager provides daily oversight of the Quality Management program. The Quality Manager is responsible for the execution of many QI activities; data collection, gathering feedback, processing "GO" forms, and on-going evaluation of performance indicators. The Quality Manager reports regularly to the Board, monthly to the Steering Committee, facilitates the Quality Teams, and reports to specific programs as needed. The Quality Manager, Shannon Jackson, MS.W. has primary responsibility for QI activity and is qualified to execute an effective QI program with a Master's Degree in Social Work Program Policy and Evaluation and CARF training.

*The Steering Committee.* This committee is comprised of the LifeSpan Executive Director, Executive Assistant, Business Manager, Human Resource Manager, Quality Manager, Goal Coordinator, Social Worker, Administrative Assistant, all Program Managers, and Assistant Managers. This committee meets monthly to discuss areas of concern and accomplishments. It engages in discussions regarding trends and patterns, which affect LifeSpan service provisions. Members of the LifeSpan Steering Committee gather data on performance indicators pertaining to their individual programs, assisted by the Quality Manager.

Program Recipient Roles. LifeSpan regularly solicits feedback from the recipients of service to identify areas of improvement. Stakeholder input is an integral part of LifeSpan's improvement process. Feedback on services is obtained from consumers, staff, guardians, community care homes, and case managers (LifeWays and Department of Human Services). All of these individual groups have a stake in LifeSpan services and therefore, are solicited for opinions regularly.

## **Program Methods**

LifeSpan's Quality Improvement Program is structured to gather input through various methods and from various sources. These inputs are collected and monitored by the Quality Manager. Information is presented to QI program leadership--Steering Committee, Executive Director and Board of Directors--at regular intervals. QI leaders assess and evaluate feedback based on resources and the strategic needs of the agency. The Quality Improvement Manager ensures the continuous implementation of improvement efforts by monitoring processes and evaluating feedback given from inputs.

- **Suggestion Box.** Posted in the administration office, a suggestion box is an accessible and confidential way for staff and stakeholders to place ideas, complaints, or opinions. Information gathered via the suggestion box is received and processed by the Quality Manager. Items placed in the box received follow-up as appropriate and the content is included in “GO” form reporting.
- **“GO” form.** (“Growth Opportunity” form) is a unique quality tool that allows consumers, staff, and all stakeholders to offer written ideas that may help us better accomplish our mission and purpose. The Quality Manager receives all “GO” forms, processes them, and presents them to the Board and Steering Committee for discussion and action. These forms are included in intake packets, new hire employee packets, and are readily available from any member of the Steering Committee, at program sites and at the administrative offices. The “Go” Form is included in the informal complaint process that is included in all Person Centered Plans.
- **Quality Teams.** Quality Teams are comprised of LifeSpan consumers, employees and other stakeholders who voluntarily take part in monthly meetings that discuss topics of interest or concern related to their designated purpose. Quality Teams are flexible and dynamic activities; they are created in response to a need and change as the needs of the organization change. The teams offer ideas of quality improvement, which are then taken to the Steering Committee for approval before any action is taken. The following are the 2009 active Quality Teams and the mission of the teams:
  - **Safety & Health Team-** Keeps consumers and staff safe and healthy by information, education, and prevention. Reviews and responds to Incident/Accident data reports.
  - **PICC Development Team-** Discusses ideas and suggestions to improve PICC services by improving consumer satisfaction and staffing needs.
  - **Consumer Self-determination Team-** Assists consumers of LifeSpan services in accomplishing dreams and desires in relation to natural supports and self-determination.
  - **Fundraising and Marketing Team-** Utilizes agency resources to develop funds for services, and develops a consistent agency image to be used for fundraising efforts.

## Program Model

Planning and Design. Program input mechanisms operate continuously to generate a flow of information which then goes through a process of monitoring and improvement (See, *Attachment A*). This process operates in order to improve service;

**Effectiveness** – how well things work compared to the results we expect

**Efficiency** – how well we make use of the resources we have

**Service Accessibility** – how easy it is for people to get the services they need

**Stakeholder Satisfaction** – what the people think about our services.

These priorities are critical success factors as they reflect; Council on the Accreditation of Rehabilitation Facilities (CARF) standards, leadership priorities, stakeholder satisfaction, and health outcomes.

To track the impact of services along these domains, LifeSpan has designed specific, objective, and measurable indicators. Indicators are selected in order to measure those health outcomes LifeSpan services address; skill building, job skill development, independence and other program goals. These quantitative indicators, along with the qualitative input from other mechanisms, are analyzed using trend reporting and benchmarking. These databased decision making tools identify the high risk, high volume areas of concern and are prioritized for action by agency leadership. Performance indicators are critical to agency success and will be measured through our long-term Strategic Plan.

Monitoring and Evaluation. The monitoring and evaluation functions of the Quality Improvement Program are executed throughout the year. Reporting occurs monthly, quarterly or in response to emerging issues. The monitoring and evaluation of performance occurs through these mechanisms;

- incident/accident reporting
- internal corporate compliance reviews
- clinical record reviews
- external financial audit
- technology plans
- accessibility plans
- regular staff trainings
- human resources reporting
- facilities management
- health and safety documentation

Quality Improvement evaluation information is assessed with measurable quality steps—performance indicators. These indicators also inform our Strategic Plan. The plan is generated by the Board of Directors, with stakeholder input, to create tactical goals. Accomplishment of these goals will result in firm corporate footing to position ourselves to take advantage of opportunities that may help us carry out our mission and purpose. Long-term monitoring of these indicators also satisfies CARF regulator expectations.

### **Goals for 2009**

LifeSpan will be working on these ongoing goals for 2009, through the Quality Improvement Program.

1. Use agency fundraising efforts to reach, educate, and advertise agency services to a wider audience.
2. Receive CARF 3-year accreditation for all agency programs.
3. Increase Quality Team effectiveness through goal setting and increased participation.
4. To continue to bring agency leadership, managers and staff together to review quantitative data and major clinical adverse occurrences to identify problems
5. Measure program clinical effectiveness with an objective measure that is consistent with community mental health standards
6. Achieve measurable improvement in the highest priority areas

7. Improve monitoring and measurement schedules of QI activities, continue to integrate QI activities into work culture of all programs.
8. Meet internal and external reporting requirements
9. Provide ongoing education and training to managers and staff

## Performance Measures for 2009

<b>Measure of Consumer Satisfaction</b>	
<b>Goal</b>	Satisfaction with Services
<b>Objective</b>	Measure level of satisfaction with goal progression ( <i>PICC</i> ) Measure level of satisfaction with job readiness skill ( <i>PICC Rewards</i> ) Measure level will be satisfied with maintained independence ( <i>Home Care</i> ) Measure level of satisfaction with staff interaction ( <i>CRC</i> ) Test 20% of clients for improvement in development of skills ( <i>Joey's Junction</i> ) Measure level of satisfaction with skill development ( <i>Hope House</i> ) Measure level with level of independence ( <i>Fowler House</i> )
<b>Expected Outcome</b>	70% of consumers will be satisfied with goal progression ( <i>PICC</i> ) 70% of consumers will be satisfied with job readiness skill ( <i>PICC Rewards</i> ) 70% of consumers will be satisfied with maintained independence ( <i>Home Care</i> ) 70% of consumers will be satisfied with staff interaction ( <i>Marc DeForest</i> ) 70% of consumers will be satisfied with child's development of skills ( <i>Joey's Junction</i> ) 70% of consumers will be satisfied with skill development ( <i>Hope House</i> ) 70% of consumers will be satisfied with level of independence ( <i>Fowler House</i> )
<b>Method of Collection</b>	Surveys, assessments
<b>Responsibility Party</b>	Quality Manager
<b>Measurement Frequency</b>	Annually

<b>Measure of Service Efficiency</b>	
<b>Goal</b>	Financial Viability
<b>Objective</b>	Test 20% of files to show corporate compliance ( <i>all programs</i> )
<b>Expected Outcome</b>	70% of billing tested will pass internal corporate compliance tool
<b>Method of Collection</b>	Plans of Service, Progress Notes, Time Sheets, Billing Remittance
<b>Responsible Party</b>	Executive Director, Business Manager
<b>Measurement Frequency</b>	Quarterly

<b>Measure of Satisfaction with Staff and Service</b>	
<b>Goal</b>	Satisfaction with Services
<b>Objective</b>	Measure level of satisfaction with participation in community ( <i>PICC</i> ) Measure level of satisfaction with skill development ( <i>PICC Rewards</i> ) Measure level will be satisfied with service provided ( <i>Home Care</i> ) Measure parent/guardian general satisfaction ( <i>CRC</i> ) Measure parent/guardian general satisfaction ( <i>Joey's Junction</i> ) Measure parent/guardian general satisfaction ( <i>Hope House</i> ) Measure parent/guardian general satisfaction ( <i>Fowler House</i> )
<b>Expected Outcome</b>	70% will report satisfaction with consumer participation in community ( <i>PICC</i> ) 70% will report general satisfaction with skill development ( <i>PICC Rewards</i> ) 70% will report general satisfaction with service provided ( <i>Home Care</i> ) 70% will report general satisfaction ( <i>CRC</i> ) 70% will report general satisfaction ( <i>Joey's Junction</i> ) 70% will report general satisfaction ( <i>Hope House</i> ) 70% will report general satisfaction ( <i>Fowler House</i> )
<b>Method of Collection</b>	Surveys, Board Meetings, "GO" forms, Suggestion Box
<b>Responsibility Party</b>	Quality Manager
<b>Measurement Frequency</b>	Annually

<b>Measure of Service Effectiveness</b>	
<b>Goal</b>	Effective Program Supports
<b>Objective</b>	Test 20% of files to show an increase in goal achievement ( <i>PICC, Joey's Junction, CRC, Residential programs</i> ) Track # of people who gain employment within 3 months after Job Readiness Training ( <i>PICC Rewards</i> ) Track number of people who use the program ( <i>PICC Home Care</i> )
<b>Expected Outcome</b>	70% of files tested will show an increase in scores
<b>Method of Collection</b>	Survey, Progress Notes, Consumer Files, Ecura Event
<b>Responsible Party</b>	Quality Manger, Program Managers, Program Goal Coordinator
<b>Measurement Frequency</b>	Quarterly, Annually

<b>Measure of Service Access</b>	
<b>Goal</b>	Overcoming Barriers/Access to Services
<b>Objective</b>	Track # of days between intake and start of service ( <i>All non-residential programs</i> ) Measure sample of consumers attitude toward their quality-of-care ( <i>All residential programs</i> )
<b>Expected Outcome</b>	70% will begin service within 7 business days ( <i>All non-residential programs</i> ) 70% will show satisfaction in quality-of-care indicators ( <i>All residential programs</i> )
<b>Method of Collection</b>	Progress Notes, Surveys, Ecura Authorization
<b>Responsible Party</b>	Quality Manager
<b>Measurement Frequency</b>	Annually

This diagram depicts the flow of information through the LifeSpan Quality Improvement Program. This process is essential to measure, assess, improve, and sustain improvements.

