



The Arc Erie County New York Quality Improvement Plan 2023

I. INTRODUCTION

The Arc Erie County New York supports children and adults with disabilities, and their families in achieving their desired quality of life by creating opportunities through comprehensive quality services. As a leading agency in Western New York for over 65 years, we take pride in our mission and advocacy that builds and strengthens the entire community. We are deeply dedicated to the people we support and their families who rely on our expertise to assist them in the discovery and delivery of life-long educational, employment, vocational, residential and support programs and resources. They turn to us to assist them in exploring all the available service options within our communities, so they can find meaningful opportunities, employment, a safe place to call home and the ability to achieve their greatest potential. Our far-reaching knowledge and capabilities allow us to customize programs to individuals' wants, needs and interests, thus encouraging independence and a desire to reach personal goals.

As a chapter of The Arc New York, The Arc Erie County strives for excellence in management and in support services for people with intellectual and other developmental disabilities and upholds common standards and expectations to promote the well-being of those we support to assure those individuals and their families of our common commitment to The Arc New York mission.

The Arc New York's Mission is to improve the quality of life of persons with developmental disabilities by being the preferred place of support, information, direction, and services for people with developmental disabilities; providing the best in service delivery; speaking with one clear voice in all matters; and becoming a learning organization by building training and educational opportunities into all aspects of The Arc New York operations.

The Arc New York's Quality Standards Oversight Committee (QSOC) has drafted quality benchmarks and quality improvement practices applicable to all of its Chapters. At its April 2012 Board of Governors meeting, The Arc New York QSOC instituted reporting requirements for each Chapter on a regular basis, recognizing that the results of this reporting requirement will enable The Arc New York to benchmark a framework of quality in the field of Developmental Disabilities for New York State and beyond, driving continuous improvement and reaffirming its commitment to excellence.

The Arc Erie County New York's governing body must ensure that there is a robust plan for quality oversight and improvement. A Quality Improvement Plan is required, and there must be Board review/approval of the plan noted in the minutes of a Board meeting. A copy of the plan and the Board minutes must be forwarded to The Arc New York State Office.

The Quality Improvement Plan must include a requirement concerning the annual collection and review of data along with identifying areas for improvement. An annual analysis of the data will determine if revision of the Plan is necessary. The Plan itself should be updated by The Arc Erie County New York at least every three years with Board review. Chapter Quality Improvement Plans must reflect consideration for achieving the following outcomes:

- Individualized supports, planning and service delivery
- Protections, health and safety, rights and environmental supports
- Support of family/natural supports and community connections/inclusion
- Workforce performance
- Continuous quality improvement
- Governance and leadership

II. KEY QUALITY INDICATORS AND ACTIVITIES TO ACHIEVE THE KEY INDICATORS:

As part of the continuous quality improvement process, The Arc Erie County New York focuses on nine areas listed below that require immediate focus and attention to achieve improvement. Key Indicators, which relate to current mission statement of The Arc Erie County New York, include the following items:

1. Bureau of Program Certification Reviews

The Arc Erie County New York is committed to complying with OPWDD, state and federal regulations. The Arc Erie County New York implements a policy and best practice that ensures designated personnel are notified of external audits/surveys and to ensure Plans of Corrective Action (POCA) are developed and submitted. In addition, as a means of continuous quality improvement, the Quality Improvement & Corporate Compliance Department (CC & QI Dept.) completes a POCA verification audit to ensure that the responses on the POCA remain in good standing.

OPWDD may issue an Exit Conference Form following a site survey where deficiencies do not rise to the level of a Statement of Deficiency (SOD). Statements of Deficiency are issued by OPWDD following a site survey in which there is at least one significant deficiency noted during the survey process. This may relate to areas such as fire safety, medication administration, health services, nutrition, physical plant, personal allowance, habilitation, etc. Other, more serious deficiencies will result in the issuance of a 45/60-day letter. These "letters" are issued by OPWDD when very serious site specific or system issues are identified in a survey and/or the services provided are unsatisfactory and may affect the health or safety of the program participants. These "letters," which are also sent by OPWDD to each member of the Board of Directors, require immediate action and correction; without satisfactory response, OPWDD may close the program or transfer the auspices to another organization. The Program Director of the audited program will ensure that the POCA is completed within 30 days of the exit conference/final audit report. It is the responsibility of the Program Director of the audited

program to ensure all impacted Program Directors are notified and consulted to determine the best course of action to be undertaken in response to the audit/survey results. The response to the audit/survey should be a collaborative effort amongst impacted departments.

The Directors of OPWDD programs and Quality Improvement and Corporate Compliance Department, will oversee and coordinate all OPWDD Bureau of Program Certification activities and responses.

The goal is to decrease the number of deficiencies from year to year. Comparison over the past two years is difficult as surveys had been limited during COVID and DQI changed their survey process to include full surveys, truncated surveys and remote surveys. There were a little more than 3 times as many surveys in 2022 as there were in 2021. There was one 45-day letter issued in 2021 and one such letter issued in 2022. These involved 2 different IRAs and the Plans of Corrective Actions were accepted and successfully implemented.

Summaries of external audit results including data, trends and POCAs are reviewed at OCC and BOD Compliance Committee meetings; refer to minutes.

2. Chapter Incident Review Committee Annual Report

The Arc Erie County takes very seriously the issue of reporting and investigating incidents as defined by OPWDD in the Part 624 regulations. All staff, regardless of position is provided with training and information on incidents and allegations of abuse, as well as promoting positive relationships with our program participants. Following this initial training, all staff are given an annual refresher on these topics. Where necessary and sometimes following a specific incident, staff or groups of staff are provided focused information to ensure that all incidents are reported in a clear, concise, and timely manner.

After an incident or allegation of abuse is reported and investigated, an assigned agency investigator who has been trained and credentialed to perform investigations produces a written investigation report. This investigation report is carefully reviewed by supervisory staff. Once approved, it is submitted to the agency Incident Review Committee (IRC). The IRC, which meets monthly, reviews all incidents and, if necessary, makes recommendations to improve immediate protections, evaluates the thoroughness and quality of completed investigations, ascertains if further investigation is necessary and ensures the implementation of corrective actions. The IRC monitors completion of recommendations, identifies trends, and safeguards against reoccurrence. The IRC must determine that necessary and appropriate corrective, preventative, and/or disciplinary action has been taken to protect individuals from further harm. Any trends or significant issues are identified and discussed. These discussions are reflected in the minutes of each meeting.

The minutes of each meeting are documented and all of the information (e.g., initial report, investigation, etc.) is entered into the OPWDD IRMA (Incident Review Management Application) electronic record keeping system.

On an annual basis, the Director of Quality Improvement and Corporate Compliance develops an annual Incident Trend Report that is required by OPWDD Part 624 regulations. This report is

an aggregate of the year's results, includes data and trends as compared to previous years and makes recommendations for training, policies, physical plant, clinical and program services, etc. This report is shared with the IRC and the Board of Directors. Refer to IRC minutes for details of specific trends and their corrective actions that were identified by the IRC throughout the year.

3. Quality Improvement reviews by non-regulatory agencies

There are a number of external bodies that may also conduct quality related reviews. These can include: CQL, HUD, NY State Education Department, New York State Office of Mental Health, New York State Office of Child and Family Services, Erie County Dept. of Mental Health, Erie County Dept. of Health, Community Connections of New York, NYSDOH and OMIG. The Arc Erie County New York must provide notification to the Arc NY State Office Compliance staff of any correspondence, or on-site visit, from a state or federal regulatory or oversight agency (or contractor of such agency) demonstrating such agency's intent to audit or investigate a program or service offered by The Arc Erie County New York. Such audits or investigations include but are not limited to those undertaken by the NYS OMIG, the NYS Attorney General, the NYS Comptroller's Office, the Federal or State Department of Labor, the Internal Revenue Service, The Federal Dept. of Health and Human Services, the Centers for Medicare & Medicaid Services, NYS OPWDD, the NYS Dept. of Health, or the NYS Dept. of Education. This does not include routine program recertification reviews conducted by OPWDD Division of Quality Improvement and Performance Management.

The Director of Quality Improvement and Corporate Compliance and, the various Department Directors, will oversee and coordinate all external quality related activities and responses, including:

- Ensuring that external survey teams have access to the information and access to the sites that they need and will assist the survey team during its reviews
- The Program Director of the audited program will ensure that corrective actions/responses to the audit are completed per regulations and distributed per The Arc Erie County New York's external audit policy.

4. Self-Audits:

In order to improve the quality of services and supports, internal auditing will be conducted/managed by the QI and CC Dept. and will typically utilize the audit tools created by The Arc NY. These audits include review of individualized supports, planning and service delivery. If the Arc NY audit tool does not apply, the QI & CC Dept. will develop an internal tool or utilize those provided by the regulatory body. In all cases, the QI & CC Dept. will ensure that the audit tools address the current regulatory requirements and program standards. There are generally three categories of internal audits – service documentation and billing, regulatory quality audits (non-billable) – fire safety, nursing/medical, PICA, behavior, etc., and incident CAP verification audits.

The Program/Department will complete a written response/Corrective Action Plan (CAP) within 7 - 45 days depending on the type of audit. The QI and CC Dept. reviews and approves all CAPs to ensure all citations have been completed and then closes the audit.

Any programs/department that conducts internal self-audits will distribute findings to the Director of Quality Improvement and Corporate Compliance to be included in the Compliance Committee meetings for review.

The goal is to decrease the number of citations from year to year. As a means of ensuring continuous quality improvement, summaries of internal audit results including data, trends and CAPs are reviewed at OCC and BOD Compliance Committee meetings; refer to minutes.

5. Satisfactions Levels of the People We Support:

The Arc Erie County shall ascertain feedback regarding satisfaction with agency supports and services from the individuals supported, their family members, guardians and advocates through opinion questionnaires/surveys. The results of such surveys will be reviewed by all management and the Board of Directors and used to enhance operations.

- The first method used to gather information on the quality of The Arc Erie County New York's actions is, the completion of a Satisfaction Survey. The survey identifies areas of success and areas in need of improvement. Department Directors will share results of the satisfaction survey process with their respective staff, individuals, and families and develop a plan of action where appropriate. The results will also be shared with the self-advocacy groups to elicit their involvement in the development of action plans, improvement initiatives, etc.

A survey was conducted April-May 2021, October 2021, and October 2022. Results were reviewed by the Service Director's Team and department/program administration. The following recommendations were implemented by designated departments and overseen by the Quality Improvement Committee:

Results were relatively consistent from year to year. Overall trends/commonalities - Staffing and the ability to do activities remains an issue. No other consistent comments.

Day Habilitation program is looking into creative recreational activities - developing a bowling league with the 3 sites maybe a senior's group, etc. Virtual Bingo and other activities via TEAMS between the 3 sites. "Track your steps" contests, "Fun Fridays" at Wilson with Corn Hole tournaments, basketball, scavenger hunts on the trail, gardening, etc.-

Residential Services notes that staffing is the major barrier to appropriate community inclusion. Residential continues to work with recruitment - staff retention has improved slightly from 2021 to 2022. Creative community inclusion and in-house recreation options continue to be shared with the residential team. Community inclusion requirements per HCBS guidelines were reviewed and enforced with the residential management team Nov 2022. In addition, beginning 4/23 HCBS training has been incorporated into new hire orientation.

For 2023, individual satisfaction surveys will be completed at Life Plan meetings, keeping us more in line with the HCBS settings rule.

In The Arc Erie County New York's community based programs, staff are required to contact families and/or individuals on a regular basis and ask questions outlined on the "Individual/Family Quality Assurance Questionnaire" and document responses. These questions pertain to the quality of services/supports as well as to verify that staff are providing the services for which they are documenting and billing. Managers document these calls and, if there are any issues, ensure there is follow-up and resolution. Data obtained from these calls are reported to the Compliance Committee as part of the Risk Management reporting process.

The Arc Erie County is committed to providing high quality supports and services and resolving any concerns/dissatisfaction in a timely manner. We encourage individuals and family members to report concerns directly to the responsible program staff. However, if individuals, family members, friends and/or community members would prefer, there is a form and process outlined on our website for the confidential reporting of such concerns. In addition, the phone number for the Director of Quality Improvement and Corporate Compliance is available on the website.

The Arc Erie County New York conducts family roundtable meetings/town halls. Several such meetings were held throughout the COVID-19 pandemic as a way of keeping families, advocates and individuals updated on program closures/reopening, regulatory requirements, etc. This will be a practice that continues on an ongoing basis. The family roundtable was held on 2/2/23 which included agency and department updates and initiatives and a question and answer portion.

- The second method used to gather information is the completion of POMs® interviews. In these interviews, 21 indicators are used to understand the presence, importance and achievement of outcomes involving choice, health, safety, social capital, relationships, rights, goals, dreams, employment and more. The insight gained during a POMs® interview can then be used to develop a person-centered plan and influence an organization's strategic plan. These Personal Outcome Measures provide the basis for assessing personal quality and life and focus on the choices individuals have in their lives.

Consistent with CQL ideals and guidelines, we are committed as an agency to ensure, to the best of our ability, that the people we support experience the best possible health they can, feel safe in all the environments they visit, are able to identify and exercise their rights like any other citizen, and that they remain free from abuse and neglect.

There has been a decrease in POMS interviews due to the COVID-19 pandemic and staffing shortages. However, POMS interviews have been completed with those individuals who have struggled with moving to an IRA, in an effort to help them transition into this type of group living. Results have been shared with the individual's treatment team to support them in achieving their goals.

Due to the results of recent internal audits and external surveys, accompanied by the vacancies in management positions, an initiative was developed to provide additional support to the Residential Services department. All members of EOT and some SDT members are conducting quality site visits to the IRAs. The following areas will be highlighted:

- Facilities – cleanliness, maintenance issues, broken appliances, furniture in need of replacement, issues with adaptive equipment, etc.
- Medical – walkthrough med room/area, med cabinet, review med logs, check medical equipment, etc.
- Behavior – review behavior tracking, observe interactions, talk with staff and individuals, etc.
- Human Resources – talk with staff, discuss new HR initiatives and any pressing HR concerns/needs, etc.
- HCBS settings rule - to include conversations with both staff and individuals to discuss satisfaction, attendance at community events, rooms decorated, observe interactions, etc.
- Finance – discuss finance procedures with staff, review PNA, etc.
- IT – equipment inspection, wireless/wired connectivity inspection, equipment cleanup, inventory, etc.

6. Satisfaction Levels of Our Staff Members:

The Arc Erie County New York shall ascertain feedback regarding satisfaction from our employees through opinion questionnaires/surveys. The results of such surveys will be reviewed by Chapter management and Board and used to enhance operations.

The Director of Human Resources has coordinated many miscellaneous preference surveys for staff. These include:

- Benefit Surveys
- Development Surveys
- Reward and recognition surveys
- Post COVID work life balance inquiry surveys

As part of the Workforce Committee, the Management Development Committee met and developed a Management Development series that was initiated in 2021 to include training in:

- Human Resources 101
- Compliance 101
- Finance 101

In April 2023 an outside trainer from Stone Bench Consulting will be conducting a training on Diversity, Equity, and Inclusion for all management staff. Thereafter, we will conduct such training for current and new staff.

7. An Assessment of the Quality of Life of the People We Support

As part of the CQL reaccreditation, Key Factor 5 Workforce goal was set as “building a sufficient, consistent, and culturally competent workforce that lives and breathes the mission and vision of the agency. 5 Action Steps were developed and include:

- Resume culture committee

- Roll out ACHIEVE initiatives to organization- conduct related trainings and hold feedback sessions
- Development of training activities, media resources intended to highlight each value

The Arc Erie County had established an overall workforce committee in 2020 as a means of improving the quality of the workplace for employees and the people we support. Five subcommittees grew out of this and include:

- Recruitment and Retention
- Development
- Wellness and Well-Being
- Diversity Equity and Inclusion
- Culture

These committees had been put on hold due to COVID but were reinstated mid-2021. The Culture committee was then tasked to re-envision the agency's Values to build upon our workplace culture. This committee recognized what made the Arc Erie County great and thus Values were developed with our "Achieve With Us" slogan in mind. The "ACHIEVE" concept was also reviewed by the self-advocates during two group meetings where they provided suggestions and examples for the definitions of each value. Starting in July 2021, the Culture Committee began rolling out the new agency values one at a time. They developed ACHIEVE merchandise, updated building décor to reflect the Values, and developed a newsletter which includes videos, uplifting stories, and engaging activities to assist teams and programs with putting the Values into action. The Culture Committee's goal is to create a culture of kindness and inclusion for both employees and the people we support.

ACHIEVE:

A – Attitude – we are positive, enthusiastic, and respectful

C – Collaboration – we work together to communicate clearly, effectively, and intentionally with everyone

H – Heart – we are kind and caring

I – Integrity – we do the right thing, even when nobody is watching

E – Empathy – we strive to understand another person's perspective or circumstance

V – Vision – we all have the opportunity to achieve our dreams and full potential

E – Excellence – we strive to be the best

In an effort to improve recruitment and retention, The Arc Erie County New York is utilizing the Talent Insights Program. This is a validated assessment tool that allows The Arc Erie County New York to predict workplace behaviors and motivators.

During the fall of 2021, the assessment was given to 25 of The Arc Erie County New York's top performing employees to establish benchmarking ideal characteristics for The Arc Erie County New York's employees.

In addition, training for management staff was completed in October 2021 and this on-line assessment was incorporated into the hiring practice in November 2021. The Human Resources Dept. will compile data and develop benchmarking reports basis to measure success of this program. To date, all managers and now all new hires will go through the assessment. Results are shared with their supervisors.

The Arc Erie County made a strategic decision to seek accreditation with the Council on Quality and Leadership (CQL). This internationally recognized non-profit focuses organizations serving individuals with disabilities toward enhancing and providing a robust level of person centered supports that facilitate the achievement of individual personal goals and aspirations. In addition, CQL assists organizations in conducting an intensive self-survey process that eventually leads to accreditation. The Arc Erie County achieved CQL reaccreditation in November 2020.

During our November 2020 re-accreditation, action plans were developed. These are in process and will take us into 2022 before completion, however, this has been impacted by the COVID pandemic, and target dates will be adjusted accordingly.

The Vocational and Employment Services Department created a progressive employment model. The Community Prevocational Program conducted interest surveys to develop an employment training program. As a result, the building at 2643 Main St. was renovated to develop learning suites to teach individuals skills in the areas of culinary arts, janitorial, and hospitality. These learning suites and their curriculums will provide individuals with hands on training to master these skills. As individuals build their skills, the goal is to move through the employment continuum, moving into the Employment training program (ETP), Acces-VR including NYSID contract work, and/or Supported Employment. Data will be maintained as a means of measuring the success of the program.

The Arc Erie County New York is now part of a grant with another local agency to provide career specific vocational training – called HOST – Hospitality Occupational Skills Training and we our Vocational and Employment Services Department be developing that curriculum. This summer (2023) the agency will hold career summer camps for Acces-VR, potential Acces-VR and private pay students in high school to participate in a weeklong camp that focuses on self-advocacy in the workplace, job readiness and one of the following careers – culinary, hospitality, and janitorial.

Self-advocacy training and meetings continue to be a major focus of the Arc Erie County New York. There are currently four formally scheduled groups located at our day habilitation sites and a community group that meets at a local church. Topics of Self-Advocacy meetings have

included hosting a SANYS voting event that included a mock debate and vote to show the election process. The community-based group hosted the vocational and employment director to talk about employment opportunities at the Arc Erie County and to talk about the new employment training center. Some of the groups watched the Willowbrook documentary and learned how self-advocacy developed as a result. In the wake of the horrible mass shooting in Buffalo, the community-based group meetings centered around emotional support, mental health resources, and a showing of an active shooter training video. The CEO has attended several meetings to have candid discussions about advocacy, staffing crisis and services. In 2022, a new position was created for a Self-Advocacy Trainer, and this position works with the Guardianship and Self-Advocacy Specialist to conduct training for both individuals and staff, including new hire orientation. The Guardianship and Self-Advocacy Specialist is developing a self-advocacy strategic plan for 2023 and beyond.

Continuous Quality Improvement Committee:

The purpose of the Continuous Quality Improvement Committee is to promote a culture of quality that includes an enterprise-wide management and staff philosophy of continuous quality improvement that focuses on processes and systems. The committee will establish goals/outcomes, review performance data, identify areas in need of improvement and carry out and monitor improvement efforts. The committee is comprised of staff from the program areas as well as the QI & CC Dept.

Responsibilities include developing, implementing and monitoring action plans and quality improvement goals, developing/revising practices/procedures based on goal outcomes, assisting with the development of the agency quality improvement plan or approve the QI plan; communicating with staff, leadership, and governing body about QI efforts, and promoting communication about quality improvement efforts throughout the agency.

This committee has been put on a temporary hold as the agency determines the quality committee focus and risk management focus and how best to implement these committees. In addition, the new EHR which should start implementation in October 2023 will have the ability to collect and produce reports regarding quality data and minor events.

8. Human Resource issues such as staff retention rates, OSHA reportable injuries, adequacy of staffing levels and staff development programs

Retention and recruiting:

As noted above, a Workforce Committee was originally established in 2020 and continued until March 2020 when the pandemic hit. One early accomplishment was the creation of a DSP career ladder (DFP I, II and III) which brought along a salary alignment and increase for most of the DSPs. Several incentives and tactics have been used for retention and recruitment.

The Human Resources Dept. establishes an annual Recruitment Plan of Action to include:

- Agency monthly open interviews
- Agency quarterly career fairs

- Build college and university recruiting efforts
- Regular meetings with program managers to ensure a flow of prospective candidates is occurring.
- Build relationships with community training centers, e.g. Buffalo Training Center
- Accept referrals from the TANF program.
- Expanded advertisement and marketing efforts

Additional projects include:

Resourcing candidates in Dayforce & Indeed:

- Staffing Specialists to review previous candidates who had previously not been hired for various reasons in Dayforce
- Any previous candidate from 12 months (1 year) ago will be emailed & texted by Staffing Specialists to reapply for position or contact a Staffing Specialist to discuss job opportunities
- Any previous candidate from 6 months ago will be called by Staffing Specialists to discuss possible reapplication and current job opportunities

Continue weekly/bi-weekly department meetings and/or site visits between Staffing Specialists and Hiring Managers, Directors or Associate Directors.

Staff development programs:

The Training Manager coordinates the implementation of Relias (Learning Management System) to provide at-a-glance information on staff competence (names/work sites of staff who have not completed new employee orientation, names/work sites of direct-support staff who do not have medication certification, and names/work sites of direct-support staff who have outdated CPR, First Aid, and SCIP-R training) and that is updated daily. (Reference: 14 NYCRR Part 633.8 Training of Employees). Quarterly reports are completed and reviewed at the Service Director's Team meetings to ensure trainings are being completed and we remain compliant with regulations.

As noted earlier in this Plan, The Arc Erie County New York has created and is continuing the Management Development series.

The Human Resources Department is responsible for the data regarding injuries to staff (OSHA Reportable) while on the job. Data and trends are reviewed on a monthly basis at the Safety Committee meetings to reduce workplace accidents and injuries. Minutes and reports are created and distributed to the Executive Officers Team and to the Service Directors team to be shared with their staff.

9. Board governance and review with attestation of Quality Improvement Plan:

- Board review of the Chapter's programs and services to ensure conformity with the Chapter's mission
- Board participation on the standing committee for incident review

- Board visits to program sites. Visits have been on hold due to COVID-19. It is expected that these visits will resume in 2022.
- Board analysis of Chapter self-surveys and regulatory surveys to identify agency or program specific trends
- Board awareness of State or Federal regulatory authorities' communications regarding deficiencies in any Chapter program or operation
- Board assurance that senior management has the means to continually assess the adequacy of staffing levels, staff competence and staff performance with a mechanism to address deficiencies
- Board assurance that the Chapter has a plan for ongoing staff development and training
- Board assurance that expectations for ethical conduct be communicated and reinforced for all Chapter employees, volunteers and Board members
- Board assurance that Chapter practices will encourage the development and expression of self-advocacy by the people receiving supports and services; and assurance that a process is in place for self-advocates to provide input to Chapter, practices and governance

The Executive Director's designee shall coordinate the following activities:

- The Director of Quality Improvement will send a copy of the QIP Attestation Form and the Quality Indicators Form for review by the Board and then send to The Arc New York State Office on an annual basis by 1/31 of each year.
- The Arc Erie County shall have a mission statement. The Board shall review at least annually the performance of the programs and services to determine that there is congruence between the mission statement, The Arc New York mission statement and agency operations.
- Ensure that Board member participation on the Incident Review Committee.
- Ensure Board member participation in the Human Rights Committee.
- Board members will have regular access to program sites and program participants through both announced and unannounced visits. NOTE: These visits have been suspended due to the COVID pandemic.
 - The board will develop a tentative schedule for visits to program sites.
 - Special events at program sites with an invitation to attend or that include program participants will continue to be announced at board meetings and be included in the minutes.
 - Photo identification cards will be made for Board Members. The Board of Directors shall be active in observing the programs and residences in the Chapter.

- The Director of Quality Improvement will provide the Incident Review Committee Annual Report, which contains an analysis of trends for incidents, to the Board of Directors. The results of the analysis will be shared with the Board and the information will be used to improve performance.
- Senior management shall provide monthly program update reports to the Board of Directors.

III. The Arc New York Quality Indicators

To assess quality of the entire organization, The Arc Erie County must periodically provide information to The Arc New York. This information, captured in three areas known as Indicators are as follows: a) Statements of Deficiencies, b) Incidents, and c) General Programs. The Director of QI and CC will ensure the following reports have been made to assist with The Arc New York global quality initiative:

General Program and Operation:

- Total # of full/part-time employees
- Total # of unduplicated individuals served in OPWDD programs ONLY
- Total # of individuals living in IRAs
- Total # of full/parttime employees that have exited employment
- Total # vacant FTE DSP positions
- Total # of vacant Frontline Management position
- Total # of Frontline Management employees
- Total # of Frontline Management employees that have exited the position
- Total # of Emergency Room (ER) Visits for individuals residing in IRAs
- Total # of full-time and part-time DSPs employed by the Chapter during this quarter.
- Total # of full-time and part-time DSPs who have exited the Chapter during this quarter

Statements of Deficiency:

- Total # of OPWDD Bureau of Program Certification (BPC) surveys
- Total # of OPWDD Bureau of Program Certification surveys resulting in a formal Plan of Corrective Action (POCA)
- Total # of Office of Fire Prevention and Control (OFPC) surveys
- Total # of Office of Fire Prevention and Control (OFPC) surveys resulting in a formal Plan of Corrective Action (POCA)

Incidents:

- Total # of substantiated investigations of Reportable Incidents - Abuse/Neglect