



The Arc Erie County New York Quality Improvement Plan 2024

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. Quality is reflected in high levels of personal satisfaction with life situations. Quality is evidenced by measurable outcomes and continuous process improvement. The Quality Improvement Plan outlines continual actions to improve outcomes for people supported, and to develop the workforce that supports them.

The Arc Erie County New York's governing body ensures that there is a robust plan for quality oversight and improvement. A Quality Improvement Plan is required, and Board review/approval of the plan is documented in the minutes of a Board meeting. A copy of the plan and the Board minutes are forwarded to The Arc New York State Office. A draft copy of the Quality Improvement Plan is provided to the Self-Advocacy groups for input and approval. The Quality Improvement Plan is posted on The Arc Erie County New York's website.

The Director of Quality Improvement and Corporate Compliance is responsible for the management and implementation of the Quality Improvement Plan. The Executive Officer's Team and Service Director's Team provide input and data for outcome measurement. Data review and analysis is obtained through the Incident Review Committee meetings, Risk & Quality Management Program Quarterly Reports, and the Corporate Compliance Work Plan Quarterly Reports. Progress reports for the Quality Improvement Plan to be included at Operational Compliance Committee meetings.

The Quality Improvement Plan reflects consideration for achieving the following outcomes:

- Person-centered planning and service delivery
- Assurances of individuals' health and safety, rights, and freedom from abuse/neglect and exploitation
- Quality and satisfaction of the workforce
- Quality of life/satisfaction of people supported
- Governance and leadership

- Goals, objectives, and processes that address compliance with OPWDD and federal regulations
- Annual progress summary that identifies the quality improvement actions and the results/effectiveness
- Quality Improvement actions to be taken during the year

New for 2024, the Director of Quality Improvement & Corporate Compliance will implement a Quality Performance Report Card to include:

- External survey results
- Internal audit results
- Substantiated incidents
- Medication errors

Best practice benchmarking:

- Identify “low scoring” programs with issues and develop corrective actions to improve performance
- Identify “high scoring” programs and examine the reasons for this and utilize this information to apply to “lower scoring” programs where possible
- Share this information across the agency to educate staff, improve their understanding of quality and compliance issues, and share best practices

Success will be measured by improved scores.

The Arc Erie County New York focuses on the following key areas for quality improvement:

1. Person Centered Planning and Service Delivery:

The Arc Erie County New York is committed to using a person-centered approach to listen, discover, and understand each person as an individual. Person-Centered Planning is a process led by the individual who directs the planning of their services and makes informed choices about the services and supports that they receive. The planning process guides the delivery of services and supports to an individual in a way that leads to the individual’s desired outcomes or results in areas of life that are most important to them (e.g., health, relationships, work, home, etc.).

In 2024, The Arc Erie County New York established a new department, Program Administration. This department consists of several QIDPs (Qualified Intellectual Disability Professional). The QIDP is responsible for ensuring person-centered planning integrating, coordinating, and monitoring services. The QIDP is responsible for regular communication with people supported, families, Care Coordination, and members of the interdisciplinary treatment team to ensure quality and consistency across services.

Training in Person-Centered Services is provided at new hire orientation and at new hire manager training. Training for people supported is provided by the Self-Advocacy Team.

The Quality Improvement and Corporate Compliance Department conducts internal audits focusing on the HCBS requirements. For 2024, these audits also include interviews with staff and individuals to ensure individual's rights, choice, etc.

2. Health and Safety –

The Arc Erie County New York is committed to ensuring the health, safety, rights and freedom from abuse/neglect and exploitation of all people supported. This is accomplished in a variety of ways:

- Internal audits – As noted below in this Plan, internal audits are conducted for medical/nursing, dietary and feeding guidelines, and HCBS requirements. For 2024, attendance at medical appointments and medication errors will be tracked and assessed at bi-monthly Operational Compliance Committee meetings via the Risk and Quality Management Plan progress reports. The goal is to decrease medication errors and audit deficiencies, and to ensure individual medical appointments are attended as required.
- Safety and Risk – Safety Committee meetings are conducted on a bi-monthly basis. Individual accidents/injuries are tracked and trended, which includes recommendations and review of corrective actions to prevent future occurrences.
- The Safety and Risk Coordinator completes quarterly safety walk throughs at all The Arc Erie County New York sites. The Program/Department completes a written response/Corrective Action Plan (CAP) within 30 days and the Safety and Risk Coordinator ensures these are completed.
- Self-Advocacy - During 2023 the Self-Advocacy team provided training to people supported on the following topics:
 - How to Recognize Abuse/Neglect
 - Consent/Boundaries/Relationships
 - Healthy Vs. Unhealthy Relationships/Consent
 - Rights & Responsibilities
 - Life Plan/Care Coordination

These trainings will continue for 2024.

3. OPWDD 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 procedure 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. Other, more serious deficiencies will result in the issuance of a 45-day letter. The Program Director of the audited program will ensure that the POCA is completed within the designated time frame and will 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 the 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. OPWDD Survey results for Residential Services and Day Habilitation Services:

2022:

No deficiencies	ECF	SOD	45 Day letter	Immediate Jeopardy
33/57 (58%)	19/57 (33%)	3/57 (5%)	1/57 (2%)	1/57 (2%)

2023:

No deficiencies	ECF	SOD	45 Day letter	Immediate Jeopardy
27/55 (49%)	21/55 (38%)	7/55 (13%)	0	0

Annual progress summary - There were more Day Habilitation surveys in 2023 than in 2022. There were more SODs issued for both programs in 2023 concerning deficiencies for Home and Community Based Services (HCBS) waiver requirements. When compared to previous years, there has been a decrease in 2023 in deficiencies for Behavior. Fire Safety continues to be an issue and, although there has been an improvement in medical/nursing, this continues to be an area of risk. For 2023, cleanliness of the sites, staff following feeding guidelines and HCBS were identified as risk areas. These will continue to be tracked during 2024, with a goal of reducing the number of deficiencies.

Goal for 2024, to ensure the Quality Improvement & Corporate Compliance Department conducts POCA verification audits and that the program achieves a 100% success rate.

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

4. Incident Management:

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 are provided with new hire 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.

“Recognizing Abuse” training for individuals is provided by the Guardianship and Self-Advocacy Specialist and the Self-Advocacy Training Specialist.

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 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. This report is shared with the IRC and the Board of Directors.

Trends identified during 2023 include an increase in safe minimum breaches/level of supervision incidents and choking incidents. Corrective actions for safe minimums primarily consisted of retraining. This data will be collected throughout 2024 for comparison. Several corrective actions were put in place to reduce choking incidents, and this is also monitored at the Safety Committee meetings. The Coordinator of Safety and Risk is working with the Associate Director of Clinical Services to develop training and other initiatives for 2024.

There is a goal to reduce the number of substantiated abuse/neglect incidents, and this will continue for 2024. Annual progress summary data is as follows:

Year	Rates of Substantiation – Neglect	Rates of Substantiation – Physical Abuse	Rates of Substantiation – Psychological Abuse	Rates of Substantiation – Sexual Abuse	Rates of Substantiation – Inappropriate use of Restraints
2022	58%	18%	0%	0%	0%
2023	44%	9%	0%	0%	100% (1 incident)

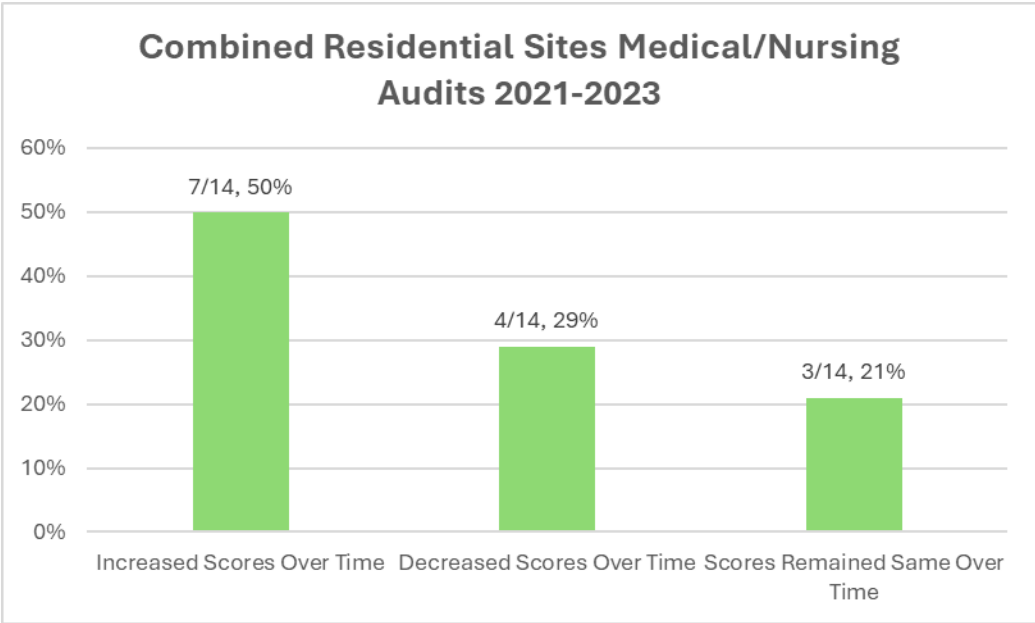
Refer to monthly IRC minutes for details of trends and corrective actions that were addressed by the IRC throughout the year.

5. Internal 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 health and safety audits – fire safety, nursing/medical, dietary/meal observation, 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 distributes findings to the Director of Quality Improvement and Corporate Compliance to be included in the Compliance Committee meetings for review.



Annual progress summary - The goal is to decrease the number of citations from year to year. For the Residential Department, there has been a trend toward progress in both fire safety and medical audits. (There was only one Day Habilitation internal audit for 2023). 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 for details.

6. Satisfactions Levels of the People We Support:

Satisfaction Surveys –

The Arc Erie County New York obtains feedback regarding satisfaction with agency supports and services from the individuals supported, their family members, guardians and advocates through satisfaction surveys. The survey identifies areas of success and areas in need of improvement. Department Directors share results of the satisfaction survey process with their

respective staff, individuals, and families and develop a plan of action where appropriate. The results of such surveys are also reviewed by all management and the Board of Directors.

- A survey was conducted in 2023 from March – September of 2023.. Going forward, individual surveys will be completed around the time of the annual Life Plan meetings, keeping us more in line with the HCBS settings rule. Results are monitored by the Director of Quality Improvement and Corporate Compliance, who notifies the program of any issues, and follows up to ensure there is resolution. Results are reviewed by the Service Director’s Team and department/program administration.

Annual progress summary –

Overall Satisfaction rate for the 2022 survey was 71%.

Overall satisfaction rate for the 2023 survey was 80%.

When compared to 2022, for every question, there was an increase in the number of respondents who replied, “Very Satisfied”.

In addition to the annual satisfaction survey, 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.

Annual progress summary -

	Supported Employment	Community Habilitation	Respite
Number of contacts/questionnaires	188	80	75
Satisfaction Rate	100%	100%	100%
Expressed a concern that was addressed	1 – staff had not provided direct services	3 – 2 inds. requested additional staff, requested a different staff due to scheduling conflict	1 – exposed fraud on the part of staff

The Arc Erie County New York encourages 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. A family roundtable was held on February 2, 2023, which included agency and department updates and initiatives and a question-and-answer portion. Another roundtable was held on October 12, 2023 with a question-and-answer opportunity for families of the people we support to hear about happenings within the agency, as well as an opportunity to ask questions. Staff were also invited to attend.

Self-Advocacy –

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. 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. Currently there is a self-advocate who serves on the agency Board of Directors. They possess a knowledge of social policy on a local, state, and national level, and provide updates to the Board of Directors.

Topics of Self-Advocacy meetings have included voting/plan for voting, a guest speaker from Person Centered Services Care Coordination, political/transportation advocacy, safety (home/fire/community), and a guest speaker from transit riders' union and transportation advocacy.

From 2022 to 2023, membership increased by an average of 2 people for the Wilson group and 4 people for the community-based group.

The Guardianship and Self-Advocacy Specialist developed a self-advocacy strategic plan for 2023 -2024, with a goal to create a culture of inclusion for self-advocates:

- The self-advocacy executive advisory committee was created during the fourth quarter of 2023. This group meets with the CEO on a quarterly basis to address concerns and issues.
- To identify and train a Self-Advocate to sit on the Incident Review Committee
- The community-based group "Fight for Our Rights" will become a more formal and independent group run by self-advocates and will establish by-laws, including rules of membership, elections for officers, etc.

In 2023 the Employee Directed Fund was reinstated. This fundraising initiative provides employees with a unique opportunity to give back and support the programs/services we work so hard to provide. Employees use payroll deduction to make a one-time donation or an ongoing donation. Throughout the year, programs submit requests for these funds which are approved by the Grant Committee. Two requests were received – art supplies for Day Hab & CPV, and admission to DD Day for Day Hab participants and both were approved.

7. Quality and Satisfaction Levels of the Workforce:

The Arc Erie County New York is committed to maintaining a safe work environment with a skilled workforce, and to develop initiatives toward securing and retaining workforce 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.

As part of new hire orientation, we provide training to new managers in the areas of Human Resources, Finance, Compliance, and Incident Management.

In 2023 an outside trainer from Stone Bench Consulting conducted a training on Diversity, Equity, Inclusion, and Accessibility (DEIA) for all management staff, and provided train the trainer materials for agency staff to implement the training for current and new staff. In addition, a condensed version is provided at new hire employee orientation.

The Culture 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. The Culture Committee’s goal was to create a culture of kindness and inclusion for both employees and the people we support. The Community Relations & Development Department sends out a monthly Culture Corner Newsletter which highlights and defines a different agency value, as well two staff who were nominated by their co-workers for exemplifying the monthly value.

In 2023, the Apprenticeship Program for Direct Support Professionals and Direct Support Supervisors was initiated. This is a program that was developed and approved by the NYS Department of Labor. For DSPs, the candidates complete a formal application with the NYS DOL, 2 years and up to 2,000 hours per year of on-the-job training and oversight, tuition and expenses paid via grants, they complete 18 credit hours – 6 selected courses at SUNY ECC over 2 years and increases to hourly pay upon completion of 1 year and 2 year requirements. For DSP Supervisors, they require 1 year and 2,000 hours of on-the-job training and oversight, completion of 9 credit hours – 3 selected courses within 1 year, tuition and expenses paid via grants, and increases to hourly pay upon completion of year 1. This will continue in 2024.

In 2023, an Employee Emergency Fund program was developed. This fund provides financial assistance to employees with a one-time stipend to support emergency needs. This will continue in 2024.

During the latter half of 2023, The Arc Erie County New York developed a leadership enrichment program for senior level managers across the agency. The intent is to broaden the participant’s knowledge of agency operations and engage in advanced leadership discussions. The module consists of 10 bi-weekly sessions covering a variety of topics. The program is led by members of the executive leadership. This will continue for 2024.

The GEM program (Going the Extra Mile) will continue into 2024. An employee can nominate a supervisor or co-worker for one of the ACHIEVE values. They receive a silver star and agency-wide recognition. Two employees are further selected to receive a gift card.

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

- Agency open interviews one full day a week
- Agency quarterly career fairs
- Build college and university recruiting efforts
- Weekly 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 – 2 candidates from this program
- Expanded advertisement and marketing efforts

In order to improve employee retention, in 2023 the Human Resources Department initiated 30-, 60-, and 90-day phone calls to new staff to determine satisfaction, discuss employment issues, etc. Data is being collected and will be shared with programs once metrics and trends are available. This will continue for 2024.

In an effort to increase retention and overall satisfaction, training enhancement and collaboration is a goal for 2024. This is a joint venture with Day Hab and Residential departments to ensure that Direct Support Professionals are given constant onsite training.

Annual progress summary:

2022 Year to Date Statistics		
	Number	Percent
Total Hires	404	
Total Terms YTD	405	
Total T/O YTD (includes ALL terms)	405	45%
Adjusted T/O YTD (excludes Layoffs/Incomplete Orientation terms)	383	42%
Adjusted T/O YTD (excludes Layoffs, Incompletes, and Per Diems)	239	27%
Term/Hire Ratio	405/404	100%
Retention Rate (Excl. Per Diem)		7.12%
Net Impact	-1	

2023 Year to Date Statistics		
	Number	Percent
Total Hires	424	
Total Terms YTD	378	
Total T/O YTD (includes ALL terms)	378	40%
Adjusted T/O YTD (excludes Layoffs/Incomplete Orientation terms)	337	36%
Adjusted T/O YTD (excludes Layoffs, Incompletes, and Per Diems)	230	24%
Term/Hire Ratio	378/424	89%
Retention Rate (Excl. Per Diem)		12.58%
Net Impact	46	

The retention rate improved from 2022-2023.

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 bi-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.

8. Governance Role in Quality Improvement:

The Board of Directors approves the Quality Improvement Plan and has an awareness of the data connected to it via the Compliance Committee.

There is Board participation in the Incident Review Committee and the Human Rights Committee. The Director of Quality Improvement and Corporate Compliance provides the Board with a monthly Incident Review Committee summary. as well as an annual report which contains an analysis of trends for incidents.

Senior management shall provide monthly program update reports to the Board of Directors.

For 2024, there is a schedule for the Board members to visit program site open houses.

The Arc New York Quality Indicators

To assess the 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 unduplicated individuals age 18-65 served in all programs
- Total # of individuals living in IRAs
- Total # of participants gainfully/competitively employed due to agency supports
- 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
- Total # of full-time and part-time DSPs who have exited the Chapter within 180 days of employment
- Total # of full-time and part-time DSPs who have exited the Chapter between 181 -364 days of employment

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