

**QUALITY IMPROVEMENT
POLICY AND PLAN**

Distribute to: All Arc Herkimer Employees via All Staff Email, Payco, and posted on Arc Herkimer Intranet (Policy Section).

Revision History

Revision	Date	Description	BOD
7	5/7/2025	Annual Update Supersedes Quality Improvement Policy and Plan dated 6/13/2024	4/28/2025

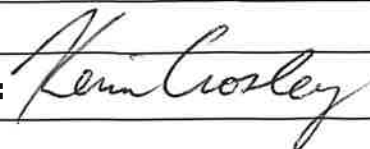
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Reviewed By: Executive VP – Supports & Services

Approval Signature:



Arc HERKIMER

QUALITY IMPROVEMENT POLICY & PLAN

Arc Herkimer Mission: *Empowering people with disabilities and enriching lives throughout our community.*

Arc Herkimer Vision: IMPACT: Individuals Making Partnerships, Achieving Community Together

Arc Herkimer Values: With Unity and Integrity, through Compassion, Advancement, Respect and Excellence We show - U & I CARE.

PURPOSE: To describe the principles and basic actions by which Arc Herkimer will ensure services and products satisfy the most important and fulfilling needs and expectations of our customers in keeping with our Mission, Vision, and Values. Arc Herkimer implements a “continuous improvement” philosophy for all quality Initiatives as set forth in this plan. This plan also fulfills the requirements mandated by OPWDD to have a Quality Improvement Plan and The Arc New York to collect and review data and to identify areas of improvement that will be forwarded to the state chapter as required.

POLICY:

Arc Herkimer is committed to ongoing quality improvement and self-assessment to ensure the following:

- Individualized Person-centered supports, planning, discovery, 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.

These may be achieved through the implementation of the following, although not limited to quality/assessment systems:

- Individual Assessments, Person Centered Planning initiatives, and team meetings.
- Measuring individuals’ satisfaction and/or outcomes.
- Development of a Compliance and Quality Work Plan of Self Assessments/Quality Reviews/Audits.
- Arc Herkimer Performance Appraisal System.
- OPWDD Core Competencies.
- Participate and Measure Social Determinations of Health Interventions.
- Food and Drug Administration (FDA) Unified Registration and Listing System (FURLS).
- Safe Quality Foods (SQF) System.

QUALITY STANDARDS: Arc Herkimer intends to not only meet customers’ requirements and expectations, but to exceed them wherever possible, by using a planned and systematic process to assess objectively the services/products provided to our customers. To that end, all Arc Herkimer programs and departments, e.g., Human Resources, Finance, Industrial Operations, etc., (hereinafter referred to as “programs”) will develop and implement quality standards that:

- Identify the “customers” (recipients) for their services and/or products. “Customers” can be either external or internal to the agency, or both.

- Identify, as a result of direct contact with their customers, Quality Characteristics, i.e., those features or characteristics of the service/product provided, that are most important to the customer's satisfaction.
- Identify standards, goals, or benchmarks to be achieved for each quality "Indicator."
- Program evaluation provides/answers the critical questions that our Board, staff, volunteers, funders, and supporters have about our organization and its work. These questions include:
 - How are our programs helping to fulfill our mission?
 - How well are our programs meeting the needs of our constituents and the community?
 - What impact are you having?
 - Are you making a difference?
 - Where are you succeeding?
 - What else needs to be done?

In addition to gaining and sustaining external support for the organization, program evaluation also provides the data, analysis, and strategies for our leadership, managers, teams, and staff to use in real time to improve, refine, expand, reduce, or create the programs and services offered. It lets the Board and staff know whether goals are being met and what is necessary to improve.

In addition to the Quality Standards developed by the programs and departments, Arc Herkimer focuses on the following "Key Indicators" identified below that require continuous improvement.

KEY QUALITY INDICATORS:

1. OPWDD Division of Quality Improvement (DQI), Bureau of Program Certification (BPC) reviews (including the number of reviews and the number of deficiencies): BPC conducts periodic reviews related to areas such as fire safety, health, physical plant, and services. The Compliance & Quality Department works with the programs to ensure:

- The survey teams have appropriate access to pertinent information and facilities.
- All deficiencies, recommendations, and best practices identified at the exit conference are addressed;
- Plans of corrective actions, when necessary, are developed and submitted as appropriate. The approved plan and completed actions and any additional need for improvement is reported;
- Survey findings are tracked and shared to address any potential systemic areas for improvement.

2. Arc Herkimer Untoward Incident Review Committee (UIC) Annual Report: In accordance with agency policy the UIC reports periodically, but at least annually to the President/CEO, Executive Team, Board, OPWDD, and The Arc New York. statistics concerning the committee's:

- General monitoring functions;
- Trends in reportable incidents and notable occurrences with proactive measures such as reporting corrective, preventive, remedial actions and recommendations;
- Trends may include but are not limited to data for reportable incidents, allegations of abuse/neglect, notable occurrences, deaths of individuals, law enforcement notifications, injuries resulting from notable occurrences, and substantiated abuse/neglect allegations.

3. Quality improvement reviews by non-regulatory agencies: All non-regulatory reviews and implementation of quality systems are coordinated through the Compliance & Quality Department. All assessments to address the standards identified by the quality systems are approached in a systematic manner. Identified opportunities and best practices are communicated and/or addressed. Action plans are developed and submitted as appropriate and necessary. The agency management teams along with the Board Strategic Planning & Quality Assurance Committee are kept apprised of the opportunities, action plans, and progress on a periodic basis.

4. Self-Audits: As outlined in the Arc Herkimer Audit & Monitoring Policy (CORP-7), the agency develops, at their discretion, internal assessments based on risk and need, auditing schedules, samplings, and protocols. Regulatory body protocols and guidance are incorporated in the self-audits. Agency management and the Board are kept apprised of findings and actions.

5. Satisfaction levels of the people we support to include their quality of life: Programs which support individuals conduct satisfaction surveys with the people we support, their family members, and/or advocates. The results are compiled, reviewed, and information is shared with the appropriate team members for feedback. Follow-up to feedback is completed by the programs when necessary. Additionally, people supported, their family members, and advocates are notified that they can send complaints and/or concerns to management, the Board, can contact the Compliance and Quality Department, or call the Arc Herkimer Ethics Helpline.

6. Satisfaction levels of our staff members: Arc Herkimer will conduct surveys/questionnaires on an annual basis to gauge employee satisfaction. Employees are notified that they can report complaints or concerns to their program management, the Compliance & Quality Department directly, or via the Ethics Helpline and Human Resources.

7. An assessment of the quality of life of the people we support: Arc Herkimer is committed to ensuring that person-centered supports facilitate the achievement of individualized goals in needs, strengths, interests, and aspirations are captured. On a regular basis, individuals supported are provided the opportunity to voice what is most important to them and what supports are necessary to realize desired outcomes. Information is to be provided to the person's support networks to establish and create individualized plans and services.

8. Staff retention rates: The Human Resources Department tracks and trends retention rates for departments specifically and the agency overall. These are reported to management and Board committees on a regular basis.

9. OSHA reportable injuries: A process exists to capture staff injuries. The Compliance, Quality & Safety Coordinator and Human Resources Department review accident reports along with safety inquiries. This information is forwarded to the Safety Committee on a regular basis. The Safety Committee reviews and recommends appropriate safety measures necessary.

10. Adequacy of staffing levels: Each program reviews their staffing levels on a continual basis and informs the Human Resources Department of identified needs. The agency employs a Recruitment Specialist to assist with hiring competent and qualified staff. Vacancies are reported to management teams and Board committees as needed.

11. Staff development programs: The Human Resources Department initiates various staff development programs to include but are not limited to a mentorship program, supervisory skills workshops, and lunch and learn sessions, in addition to ensuring the mandated trainings have been provided/completed by all staff during the on-boarding process. Attendance data is tracked by administration/supervisors and supervision is kept apprised of staff due for refresher trainings and works with supervision to ensure that necessary training is completed within the required time frames. The agency utilizes a performance appraisal system for all employees; DSPs are appraised utilizing the OPWDD Core Competencies system. Training is offered by the agency to enhance skills required by the Core Competencies.

12. Social Determinants of Health including but not limited to decreasing unnecessary utilization of the emergency room, decreasing obesity using My25, control of diagnosis through the use of Plans of

Nursing Services (PON's), as well as ensuring that individuals are receiving the required and necessary health care as determined by health care professionals.

13. 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:** Programs report to the Board of Directors committees, as assigned by the by-laws, on a regular basis.
- **Board participation on the standing committee for incident review:** The Untoward Incident Chair will ensure Board participation as defined by regulation.
- **Board visits to program sites:** Arc Herkimer encourages Board members to participate in announced and unannounced visits to agency sites. Board visits may be coordinated through the program with results reported through the Compliance and Quality Department. All reports generated will be provided to appropriate management and Board.
- **Board analysis of Chapter self-surveys and regulatory surveys to identify agency or program specific trends:** All self surveys conducted by the Compliance and Quality Department and external regulatory surveys/reviews are tracked/trended and reported to Board Committees.
- **Board awareness of State or Federal regulatory authorities' communications regarding deficiencies in any Chapter program or operation:** Arc Herkimer keeps the Board apprised of any regulatory deficiencies or regulatory changes that will affect the agency on an on-going basis.
- **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:** The Board regularly reviews the financials and approves the annual budget to maintain adequate qualified and competent staff. In addition, the Board is kept informed of staffing levels and recruitment initiatives.
- **Board assurance that the Chapter has a plan for ongoing staff development and training:** The Human Resources Board Committee reviews the Human Resources plans for ongoing development and training on a regular basis.
- **Board assurance that expectations for ethical conduct be communicated and reinforced for all Chapter employees, volunteers, and Board members:** As outlined in the Corporate Compliance Program and Plan the agency maintains an effective Compliance Program to ensure ethical conduct by employees 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 providing input to Chapter, practices, and governance:** The agency has an advocacy group with members comprised of individuals supported, Direct Support Professionals, and advisors. This committee is an advocacy focused group and facilitates the self-advocacy movement within the agency. This Committee meets on a regular basis to discuss various topics regarding the advocacy movement within the agency, community, our nation, and world. This committee meets with the Executive Team when necessary to bring forth advocacy ideas and topics; additionally, individuals supported hold positions on the Arc Herkimer Board of Directors.

PROCEDURES:

A. Arc Herkimer's Compliance and Quality Department is responsible to:

1. Monitor/assist in the implementation of Arc Herkimer's Quality Program & Plan.

2. Assist programs in the development and implementation of their Quality Programs and Plans. Relationship with programs is that of a “facilitator” and to monitor the programs adherence to the agency Quality Improvement Policy and Plan.
3. Work with Human Resources and programs/management to offer assistance with the development of questionnaires and surveys for satisfaction, or strategic planning reviews along with input/data collection and reporting services.
4. The Quality Control Systems Director serves in the capacity of Quality Management Representative (QMR) for FDA Registration and the SQF Practitioner for Safe Quality Food (SQF) system initiatives at Herkimer Industries.
5. Develop/provide onboarding quality orientation training for all new employees.
6. Provide training to programs in quality methods and tools, as requested.
7. Provide quarterly quality reports to the Board of Directors through the Compliance/Ethics and Quality Assurance/ Strategic Planning Committees.
8. Provide at least annual quality presentations to the Board of Directors that include a report on the quality standards, programs, and systems. Quality Standards Report and presentations may follow a standard format that identifies Quality Indicators/Benchmarks/Data for each customer or category of customer.
9. Perform periodic Program Quality Reviews. Reports may address quality accomplishments/ challenges, recommend improvements where applicable, and provide assistance as agreed upon with the program. Copies of Program Reviews are provided to the President/CEO and appropriate Executive Vice President, as applicable or upon request.
10. Maintain currency on contemporary quality assurance methodology applicable to the nature of services provided by Arc Herkimer.
11. Coordinate process improvement work groups as necessary.
12. Serve as liaison with governmental or certification agencies, as it relates to the agency quality programs. Assist in development, implementation, and continued operation of quality systems in relation to these. These may include but not be limited to FDA, SQF, or other quality management systems, or quality audit visits.

B. Arc Herkimer’s Programs are responsible to:

1. Identify customers, and for each customer identify Quality Characteristics and Indicators for the product/service provided. It is suggested that the program meet with or at least verify with initially, and periodically thereafter, each customer of their products and/or services, to identify and/or agree upon the Quality Characteristics and Indicators. Examples of areas to consider as Quality Characteristics might be:

For Products: performance, price, durability, safety, serviceability, ease of use, ease of disposal, reliability, maintainability, and availability.

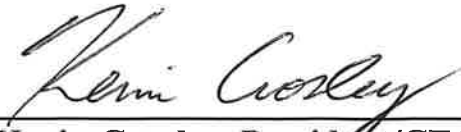
For Services: responsiveness, reliability, competence, accessibility, courtesy, communication, credibility, price, security, understanding customer preference, accuracy, completeness, timeliness, availability, and safety.

Source: *The Certified Quality Manager Handbook*, Second Edition. Quality Management Division of the American Society for Quality.

2. For each Quality Characteristic and Indicator, determine standards/goals/ benchmarks that can be used to measure progress towards improving quality.
3. Establish a method for regularly gathering performance data regarding Quality Indicators for each of their customers.
4. Analyze Quality Indicator data for trends, problems, and opportunities.
5. Develop and implement quality improvement action plans based on analysis of Quality Indicator data.
6. Programs who identify quality characteristics and indicators that are impacted by another program's input, are responsible for communicating their goals to the corresponding program. Programs who are so notified should consider adoption of a goal which will foster a coordinated effort.
7. In addition, the programs will develop quality characteristics/indicators/standards/ goals/ benchmarks/action plans for those other focus areas that were listed to be of importance for Arc Herkimer to review.
8. On a quarterly basis provide, to the Compliance & Quality Department, in the given standard format, a Quality Standard's report. The report may follow a standard format that identifies for each customer or category of customer: Quality Characteristics, Indicators, Standards/ Benchmarks, Analysis of Data and Actions Taken/Planned. Additional information regarding the agency quality program may be presented. Programs share/post and or discuss disseminated reports as information becomes available.
9. Ensure staff are trained initially, and thereafter as necessary, on the particulars of the quality standards within their program.
10. Solicit assistance and/or training from the Compliance & Quality Department as necessary.
11. If a program is providing direct care services, ensure quality system and reporting includes an assessment of the quality of life of the people we support as listed in the Key Quality Indicators above.
12. If a program is involved in production, ensure the implementation of the appropriate quality system and that the reporting includes identification and measurement of the system.
13. Ensure that the development, implementation, and continued operation of quality systems relate to agency pursuits of certification or governmental requirements.
14. Provide Arc Herkimer's Board of Directors a copy of the annual plan for documenting/ measuring the quality standards selected in their quality system.

15. If, in addition to the audits conducted by the Compliance & Quality Department, the programs conduct any internal reviews, the audit findings shall be shared with the Compliance & Quality Department.

Approved



Kevin Crosley, President/CEO

5-7-25
Date