CONTINUOUS QUALITY IMPROVEMENT

PURPOSE
To provide an ongoing systematic framework for the process of reviewing, improving and monitoring the quality of services delivered to the persons supported.

SCOPE
This policy applies to all LADD programs, employees, people supported and stakeholders.

POLICY
All services delivered by LADD shall be systematically reviewed and evaluated. This review will include identification and measurement of outcomes which impact the individuals supported, relative to quality and satisfaction.
Priority will be given to service delivery outcomes as follows:

1. Outcomes of services for the people we support as expressed by indicators of direct customer and parent and/or guardian satisfaction.
2. Outcomes of services for the people we support as expressed by indicators of satisfaction from our contract agencies and other interested individuals.
3. Monitoring internal outcomes to meet continuous quality improvement standards related to program operation, maintenance and employee productivity and performance.

DEFINITIONS
Continuous Quality Improvement - is a commitment to quality service delivery by every employee, where by, each employee recognizes their responsibilities to the quality of services delivered and are committed to ongoing improvement.

PROCEDURE
1. The Quality Improvement Department will be responsible for implementing and maintaining all documentation of efforts to improve the quality of the services delivered to the people supported by:
   a. Assisting members of Management in bringing problems or issues of quality to the Quality Improvement Dept. and/or Steering Committee.
   b. Tracking the agency's effectiveness in meeting the standards of all regulatory agencies through the use of monthly summary reports.
   c. Assisting members of Management in the systematic examination and understanding of deficiencies found through surveys or inspections. This will be done by reviewing the Corrective Action Plans designed to prevent future deficiencies.
   d. Assisting in the examination of staff training and assisting in the development of training programs which provide understanding and quality improvement for Professional Care/ Coach Technicians and Management.
   e. Designations of Corporate Compliance issues and follow up to ensure appropriate corrections have been completed.
   f. Developing and conducting surveys and assessments of satisfaction to determine satisfaction levels and outcomes of the people supported, parents/guardians, staff, and external stakeholders.
   g. Managing the information/data systems to assure that indicators and aspects of care information can be accessed and utilized by management and the various committees involved in the continuous quality improvement process.
   h. Preparing the Annual Outcome Management Reports of services delivered by LADD.
   i. Disseminating information related to standards and changes in law, administrative rules and policy.
   j. The Quality Improvement Plan is developed according to the annual data evaluations, stakeholder satisfaction, effectiveness and efficiency.
2. The Steering Committee will meet at least monthly to review information from the QI Department, along with reviewing/evaluating and discussing agency structure, goals and objectives, review information and

LADD
WE MAKE THE DIFFERENCE

quality improvement recommendations from working subcommittees. The committee is composed of the Executive Director, Department Directors and Regional Directors per the Steering Committee Policy.

3. Minutes of the Steering Committee meetings shall be maintained. Information related to service delivery improvement is disseminated to Management Meeting minutes and then to Family/Staff Meeting minutes so that there is clear communication from Leadership to Management to Professional Care/Coach Technicians to People served.
4. Annually, the Steering Committee does an extensive review of outcomes through the corporate strategic planning process. See the Steering Committee Policy
5. The Steering Committee will designate working subcommittees, designed to systematically evaluate specific outcomes, and shall be formed utilizing Directors, Supervisors, Managers, and Professional Care/Coach Technicians. Written summary reports from the meetings will be used to assess outcomes.
6. On an ongoing basis, the Steering Committee will solicit issues or problems impacting quality, followed by a process of selection. Subsequent formulation of subcommittee teams shall systematically examine the existing process followed by identification of solutions for quality improvements.
7. Each member of the Steering Committee will take action, as appropriate, based on the outcome of each meeting.
8. The continuous quality improvement process shall provide for confidentiality protection of the individuals supported as well as the external customer.
9. Regional Directors will monitor Incident Reports for safety issues, trends, and potential causes using an Incident Report and Safety Monitoring. This is reported to the QI Dept. for data tracking and the information is reviewed quarterly at the Emergency Management Committee meeting. See Incident Report policy for details.

LADD
WE MAKE THE DIFFERENCE