POLICY ON OUTCOMES

PURPOSE

To implement Quality Assurance processes that incorporate methods of continuous assessment and monitoring of specific, measurable goals performance tracking, and documentation while simultaneously evaluating the effectiveness, efficiency and satisfaction of the services we provide.

SCOPE

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

POLICY

LADD is committed to implementing plans, goals, performance indicators and systems to measure the effectiveness, efficiency and satisfaction of the services we provide. LADD will use outcome information to continually improve the quality of services provided. The information will be reviewed by appropriate organizational and stakeholder representatives to determine areas for improvement. Overall outcomes are communicated to the board, staff and people we support, guardians and external stakeholders. Quality Assurance will be process oriented and focus on being proactive.

PROCEDURE

1. As outlined in Quality Improvement Plan (available on the LADD website) numerous quality assurance reviews are completed and outcomes are reviewed for trends and improvements on an ongoing basis. Reviews include; Customer Satisfaction Surveys, Service Reviews, Accessibility Checklist Modifications & Barriers, Person Centered Plan Satisfaction Checklist, Quality of Life Survey, Environmental Monitoring and PCP/ISP goal documentation and progress (per contract agency).
2. The LADD website includes an input section for visitors to provide open-ended feedback.
3. The LADD people's website includes an input section for person's supported to provide open-ended feedback.
4. Outcome Management reports are completed annually.
5. Strategic Plan reviews are completed quarterly by the Steering Committee.
6. Quality Assurance Meetings are completed at a minimum Bi-annually to gather input from people supported, guardians, staff, and Management. Suggestion Box is reviewed monthly, available at the main Office and online on the LADD website.
7. Quality Improvement Plan is reviewed on an ongoing basis.
8. Risk Analysis/Critical Incident reports are completed as they occur and reviewed by the QA Department, EMC, Steering, at management meetings, and reviewed again with staff during the Monthly Family Staff Meeting.
9. Revenue and Expense reports, and Labor and Distribution reports are reviewed monthly.
10. Documentation and data will be completed by employees as outlined in the treatment plan (ISP/PCP, BTP, IPOS). Documentation is completed daily on the date of service. If documentation is not able to be completed on the date of service the employee must document the reason the entry is late and must sign and date the entry in the comments section.
11. Demographics data will be maintained on all people supported and reviewed annually. Information is used in the QI plan as well as the Strategic Plan.
12. Management will develop an action plan to address improvements needed to reach established or revised performance goals on an ongoing basis and a minimum of annually. This is done via Monthly Reports in completing the comments/recommendations section, as well as the Annual PCP Pre Planning and PCP Meeting.
13. LADD will work cooperatively with all contract agencies and regulatory agencies to ensure all outcomes and standards are met.
14. PCP Review and Electronic Health Record Set Up are completed within 30 days of a new treatment plan.
15. Accessibility Checklists. Barriers & Modifications are completed annually at minimum.
16. Audits are completed per the Departments audit schedule.

17. Managers review goals data weekly looking at data integrity, date of service documentation and progress.
18. Individual Community Living Supports will contact guardians quarterly.
19. Incident Reports are monitored for the purpose of tracking trends, including Critical Incidents.
20. Compliance will complete personal allowance audits monthly.

20. Health, Safety, Recipient Rights, and Input from persons supported will be reviewed on an on-going basis by the Emergency Management Committee.