

Nicholas Center's Quality Improvement Plan 2019-2020

Board Approved November 7, 2019

Provider Demographics

Provider Name: Nicholas Center, Ltd.

Provider Address: 382 Main Street Port Washington NY 11050

Target Area: Overall Quality Assurance as per Agency OPWDD Agency Protocol (v.2/2019)

Plan Start Date: November 2019 (some regulatory items will be implemented sooner, by October 2019)

Plan End Date: June 2020

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Goal: By June of 2020 improve by overall score to 99 %. Decreasing unmet items from 15 items to 1 item

Provider Metrics

Current Level of Performance:

Based on the OPWDD Exit conference in Sept 2019, will address all areas requested by OPWDD to 100% compliance by June 2020 . OPWDD requested 8 Quality indicators to address. NC added an additional 8 at its own discretion. Benchmarks: By December 2019, 4 out of the 8 Quality improvement indicators noted by OPWDD, will be met .

Identified Root Causes

There is currently no consistent process for management to conduct Overall Quality Improvement Assurance

GREEN represents what OPWDD strongly recommends NC to address in 2019/20 plan

All else would be considered best practices according to the OPWDD Audit protocol.

Quality Improvement Plan: TOPIC 1 Oversight of Services and Outcomes- Section 4 SELF ADVOCACY & PERSONAL OUTCOMES					
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	Status as of Nov 20
Improve agency wide and board understanding of HCBS waiver services and Person Centered Planning regulations	Nicole Sugrue	By December 2019	Documented. Get Board verification of notification annually. Noted in Minutes	-Update Employee Handbook, - Inform BOD annually - Incorporate "Training Bites " to Staff on an ongoing basis	Complete
Improve documentation of ongoing commitment to PCP and HCBS interagency	Nicole Sugrue	By December 2019	Documented. Board Minutes as applicable	-Incorporate in Board Agenda - Incorporate as topics of review/discussion in monthly Director/Supervisor meetings	Complete
Improve Participant/Parent/Advocate communications regarding NC's commitment to HCBS and PCP priorities	Laura Wootton	By December 2019	Document verification of notifications	-Update Handbooks - Send notification of all of updates	Complete
Create formalized Conflict of Interest policy as it pertains to person centered planning , and distribute	Nicole Sugrue	By December 2019	Document verification of notifications	-Update All Handbooks - Notification of all of updates	Complete

Quality Improvement Plan: Topic Area 2 – Satisfaction and Complaint Management - Section 1 Complaints and Objections Procedures					
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	Status as of Nov 20
Develop and Inform Individuals, family members, guardians of formal procedure to address and resolve objections including due process, as per 633.12	Laura Wootton	November 2019	Document verification of notification. Develop written Complaint/conflict resolution procedure	-Update Handbooks -Distribute	Complete
Improve documentation of Satisfaction surveys; which reflect changes and/or discussions for program development	Nicole Sugrue	June 2020	Document group meeting notes	Formalize procedure to distribute annual satisfaction survey. Share results with Directing/Supervising Program Staff, annually	Complete

Quality Improvement Plan: Topic 7: Tuberculosis					
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	Status as of Nov 20
Gain and confirm guidance on this topic. Regarding staff needed TB testing . Currently not regulated to do so. OPWDD reps were strongly recommending	HR/Laura Wootton	October 2019	Regulation	Gain confirmation from an authorized entity with Regulation notation / written.	Complete. Note: While not required, recommended. NC does not require the TB test currently.

Quality Improvement Plan: Topic 9: Safety and Maintenance					Status as of Nov 20
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	
Have a formalized document and process for vehicle inspection	Laura Wootton	October 2019	Written Procedure/Vehicle Inspection form	Train staff in procedure. HR/Administration reviews log maintenance monthly to ensure all matters are corrected	Complete

Quality Improvement Plan: Topic 10: Incident Management					Status as of Nov 20
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	
Form an Incident Review committee	Allison Schear	October 2019	Invitation to membership / roster of IRC members	Mobilize committee members. Have written Conflict of interest policy for members.	Complete
IRC trained in Public officers Law / Section 74	Allison Schear	December 2019	Documented attestation of training	Distribute section 74	Complete
Have first IRC meeting by December 2020	Allison Schear	December 2019	Meeting minutes	IRC schedules and holds a meeting by December 2019	Complete
IRC reports annually to CEO of trends, finding, activities	Allison Schear	June 2020	Meeting log/book	IRC committee will present log for review with summary for end of year review by CEO and Governing Board	Complete

Quality Improvement Plan: Topic 12: Agency Management					Status as of Nov 20
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	
Have a mechanism for active representation of individuals receiving services in governance and decision making	Amy Beyer, President of Board	November 2019	Membership / Board Minutes	Discussion of potential candidate/representation mechanism	Pending. COVID 19 health crisis caused delay of implementation. Formation of a committee will resume. Add to plan for 20/21

Quality Improvement Plan: Topic 13: Agency Quality Improvement – QI Plan Components					Status as of Nov 20
Improvement Activity	Lead Person	Timeline to implement	Evidence	Resources/Materials/Actions	
QI plan reviewed and approved by BOD on annual basis	Executive Director	November 2019	QI Plan Review in Board minutes	DRAFT QI plan reviewed ,and approved by Board	Complete
QI plan should include measurements and analysis of factors relating to the outcomes and quality of life desired by individuals	Executive Director	January 2020	Copy of Survey and results	Develop a Survey, Analyze results with Program Directors;Document the informed steps in the agency systemic strategies to improve people’s outcomes	Complete
QI plan should be based at least partly on valued outcome measures , survey results and input from self-advocates	Executive Director	June 2020	Documented/ Develop DQI plan each year	Ensure survey is distributed to participants/advocates and includes “valued outcome measurement” questions for analysis	Semi Completed. Distribution pending. Add to 20/21 Plan
QI plan should assess systems to improve outcomes of individuals health, protections and well being; and assess agency service delivery impact are being consistently met at a high degree of quality	Executive Director	June 2020	Documented/Develop DQI plan each year	Ensure survey includes mechanism to measure health/protection and wellbeing	Semi Complete . NC added IPOPS to each staff action plan for daily reference. Add mechanism to measure to 20/21 plan
Make QI plan known to person supported, staff and stakeholders/interested parties	Executive Director	March 2020	Distribution notice. Finalized draft of plan available for review.	Distribute to applicable/interested stakeholders/ via website link	Semi Complete. While on the website, NC has not distributed link to stakeholders. Add to 20/21 Plan
QI activities include an annual progress summary that identifies quality improvement actions taken and the results and effects.	Executive Director	June 2020	Documented annual summary	Distribute notice of progress summary to board/participants/advocates	Complete

NOV 19/20 QIP PLAN EFFECTS: Elevated levels of: 1. person-centered program focus /awareness 2. engagement from stakeholder , staff and board related to person-centered activities/practices 3. positive agency reputation and regard 4. Satisfactory PCP audit result in Sept.2020.