



QUALITY MANAGEMENT SYSTEM

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INTRODUCTION AND PURPOSE:

An effective Quality Management System (QMS) focuses on systematically developing and communicating a person-centered agency-wide mission, strategies, and action plans; listening and responding to the customers' needs and expectations; empowering employees to continuously improve and increase their satisfaction with their work processes and environment; and gathering and analyzing key performance indicators to improve organizational and process results.

The key criteria for a QMS that are identified in these guidelines are based on nationally recognized concepts applied in health care and other industries, including the principles and standards of Malcolm Baldrige Criteria for Performance Excellence, and Quality Performance Standards and Protocols related to Summit's programs and services.

Component #1: Service Delivery

It is The Summit Center's intent to provide a person-centered approach to the delivery of services. With that in mind, the individual is the center of planning, along with his or her identified circle of support and clinical support team. Everyone we serve is encouraged to communicate what goals they have, what activities they desire, and what provides them with the best quality of life. We strive to provide them with experiences, opportunities and support that can bring that to them.

The Summit Center seeks to avoid any conflict of interests; therefore, Summit ensures that employees avoid and disclose conflicts of interest as well as the appearance of conflict between their personal or professional relationships and their responsibilities as Summit employees or staff. This is managed by The Summit Center's policy 00202.

Summit's supports and services are reviewed for effectiveness and revised as needed. Summit staff participate in and share information as a part of individual life plan reviews. Regular communication occurs via multiple mediums as requested by individuals served, their families, guardians, or others. Satisfaction surveys are disseminated, and a grievance procedure is in place to address any immediate complaints or concerns expressed by individuals and/or their parents or guardians. Individuals and parents are often queried regarding their needs and how programs are serving those needs. Individuals and parents are integral partners in determining what/if changes are needed to program and services that improve their experience with Summit.

The Summit Center is committed to evidence-based practice, as well as data-driven decision-making. Therefore, Summit has multiple processes and procedures in place to identify desired outcomes and ensure that they are being measured and met. These include the dissemination, aggregation and reporting of individual and staff satisfaction surveys, progress toward individual outcomes and goals, various individualized plans that are reviewed at least semi-annually and modified as needed. Individualized and aggregate data is obtained

and analyzed as frequently as daily to make changes to programs and services to meet the needs of the individuals we serve and their families.

Component #2: Rights, Health and Protections

The Summit Center seeks to protect the health and safety of individuals with disabilities and enhance their quality of care through an organized system of quality/incident management. Summit Center will comply with the rights and responsibilities accorded to individuals receiving OPWDD services as required in 14 NYCRR 633.4 and will provide notice to individuals of rights and responsibilities. Summit is committed to an environment that is free from abuse, neglect, maltreatment, and exploitation. Summit acts in accordance with 14 NYCRR Part 624 regulations, for purposes of reporting, investigating, reviewing, correcting, and/or monitoring certain events or situations to enhance the quality of care provided to persons with developmental disabilities, to protect them (to the extent possible) from harm, and to ensure that such persons are free from abuse and neglect.

Summit's primary goal is to help individuals with behavioral and intellectual disabilities achieve greater independence and lead more productive adult lives. We work to achieve this goal by providing individuals with early and timely access to services, engaging in thorough assessment and care planning, and providing high quality, effective services. We provide a broad range of comprehensive work systems to help us achieve this goal including, home and community programs, respite, parent training and various habilitation services. The specific service is matched to the needs and expectations of individuals and their families/caregivers.

Summit has a robust emergency planning and management system. Summit's priority in any emergency is to safeguard the individuals in our care. An Emergency Preparedness Committee that includes representation from across the organization is charged with designing and implementing emergency procedures. An emergency preparedness manual has been developed and staff participate in training exercises. Procedures and training practices closely follow recommendations from the National Incident Management System (NIMS) including cross training so that key staff can fulfill multiple roles in the event of an emergency. A key component of the approach is an Incident Command System that includes preparation, communications, centralized control and management, and cross training. We may engage in tabletop/practice drills to practice responses to various conditions and conduct drills involving all staff within our facilities and evaluate our performance. These reviews have led to improvements in evacuation rates, availability of emergency supplies and equipment, and coordination with local emergency officials responsible for disaster planning and response. In addition, we have reciprocal sheltering agreements with other agencies in the event of an evacuation and we have improved coordination with local police and fire. In any serious situation, we will always dial 9-1-1.

We inform parents/guardians/caregivers of emergency procedures (parent/participant handbook) and we are prepared to implement various alternative strategies for communicating with them in a crisis (e.g., internet, website, phone messaging).

All Summit-owned sites where individuals are supported are clean, safe, and free from hazards. In community-based settings, staff are expected to identify and seek to mitigate any possible unsafe or hazardous situations. All staff are trained in OSHA regulations and requirements upon hire and annually thereafter. The Safety Committee reviews individual and staff accidents and injuries. Data from previous years are reviewed and compared, and trends are noted. Preventative measures are discussed and recommended. Staff are trained in appropriate pandemic needed response actions and procedures. Summit adheres to all Department of Transportation requirements for vehicles that are used to transport individuals being served. Staff that drive agency vehicles are assessed and trained in safe driving skills and techniques prior to driving and transporting individuals, and on an as-needed basis.

The Summit Center is not a “Rep Payee”; however, if Summit has access to an individual’s personal funds, those funds are kept in a secure location and a log is maintained that identifies amounts associated with everyone. Funds are dispersed in accordance with the authorized needs of the individual.

Component #3: OPWDD Natural Supports, Community Connections, and Integration

Summit recognizes the importance of a person’s natural supports in reaching their full potential and in their overall quality of life. In that vein, with required permissions and as part of a person-centered approach, Summit includes a person’s identified natural supports in plan reviews, decision-making (where requested by the individual or mandated by legal guardianship), satisfaction surveys, and overall communication.

Summit seeks to expand a person’s circle of support by expanding his or her community experiences. All of Summit’s OPWDD programs and services are community-based or have a community-based component. It is a priority to encourage community engagement in all facets of service delivery and beyond as per the valued outcomes identified by each individual. Volunteer, recreation, leisure, pre-vocational, vocational and activities of daily living skills are a hallmark of Summit’s OPWDD programs and services. Where possible, services are provided in a setting where these skills can be developed and maintained, allowing for greater independence and inclusion in the community. Summit has established multiple partnerships with community businesses and agencies that have led to opportunities for individuals to develop and maintain relationships with others in the community. Summit has established an agencywide Business Advisory Committee that also includes business owners and partners from the region with the intent of increasing opportunities for employment for people with intellectual and developmental disabilities.

Summit participates in Life Plan reviews and provides required and supporting documentation to develop the most person-centered plan based on the person’s valued outcomes. Regular communication with the individual, the individual’s planning team, care manager, family and/or circle of support is expected. The frequency and mode of communication is determined by the individuals. Individuals are given the opportunity to choose activities and experiences that are of interest to them, including those that would occur in the individual’s community. Person-planning assessments are completed where necessary and/or requested of the care manager to best serve the individual.

Component #4: Workforce: The workforce is stable and competent

It is Summit's intent to hire direct care employees that align with the needs of the individuals we serve. To ensure compliance with state and federal employment law and maintain consistent and thorough hiring standards for The Summit Center, all recruitment, selection, and employment offers are coordinated and facilitated by the Human Resources Department. There are established procedures and timelines for internal and external job postings. Staff qualifications adhere to regulatory requirements where applicable.

Summit aligns skills and abilities of employees to specifics of the job descriptions for each department across the agency. Summit assigns staff to meet the specific needs of the individuals we serve, where possible, including staff with specialized training and in specific geographic locations.

Summit has an extensive New Hire Orientation program and on-going required and elective trainings for employees to participate in that support the mission of the agency and employee career development as well as those required by regulatory and/or credentialing agencies.

Summit provides DSP Core Competency training upon hire and annually thereafter. Staff performance expectations are embedded into each employee's job description and annual performance evaluations.

Component #5: Agency Mission, Operations, Leadership and Governance

Mission

Summit's **Mission**: "Guided by evidence-based practice, we maximize life success for people facing developmental, social and behavioral challenges, our **Vision**: "Lives Made Better!" and **values** promote personal outcomes of individuals it serves. Summit's strategic plan outlines its mission, vision, and values. One of our core competencies is our strong commitment to the use of effective, evidence-based interventions to help individuals achieve greater independence and healthy and productive lives. This is anchored by the agency's **core values** of adaptability, accountability, respect, optimism, and collaboration. Our commitment to data-driven solutions combined with a pledge to core values is at the center of our agency culture. Also important is our recognition of the importance of an individual's right to make their own choices in our statement of informed choice: "We support adults with intellectual disabilities to make choices about things that are important to them, including housing, friends, work, health, recreation and leisure."

Summit's culture is to strive towards making an **IMPACT**, which includes:

- **Inspired:** we inspire the people around us and are inspired by the people we serve.
- **Motivated:** we are enthusiastic and determined to do our best each and every day.
- **Persistent:** we never give up. If progress is less than desired, we find a different way to achieve success.
- **Accountable:** we say what we'll do and do what we say.
- **Committed:** we are committed to using treatment methods based in science combined with a deep understanding of every individual we serve.
- **Team-Oriented:** we work with each other, the people we serve, and their families to achieve the best outcomes possible.

Leadership and Accountability

Our strategic planning process is central to our process to improve, grow and innovate. We engage in a strategic planning process every three years that elicits input from stakeholders and critically evaluates our strengths and weaknesses and helps us to learn how to best respond to operational deficiencies and funding threats. Opportunities to improve or expand key processes, identify unmet needs and discover new innovations are identified by obtaining input from stakeholders, examining external and internal market trends, and critically evaluating our work systems and outcomes. As new work processes are identified for improvements or innovations, long and short-term goals are established, a work team and leader are assigned, and the work team engages in feasibility and due diligence activities before developing a business plan.

The Summit Center implements sound fiscal practices. Business and administrative support functions promote service outcomes. Key Financial Ratios are Acceptable and there are no outstanding liabilities as a result of audits regarding:

- Assets/liability
- Income-expenses
- Surplus vs. net assets.

The organization has sound financial systems (budgeting, accounting, and reporting) that provide meaningful data and analysis. There is appropriate oversight of Medicaid Billing to assure that claims are coded and billed in accordance with requirements. (HCBS waiver assurance). Consolidated Financial Reports (CFR) and Certified Financial Statements (CFS) are completed appropriately and submitted on time. The organization maintains an adequate internal control framework.

Working with our Operating Board of Directors (BOD,) the Management team produces and annual budget that is approved by the BOD. The finance team produces reports that allow management and the Board to track revenue and expenses against the budget. Those reports include a balance sheet, income statement, statement of cash flows, statement of functional expenses, and statement of capital expenditures. These reports are all prepared using the General Accepted Accounting Principles (GAAP) basis of accounting and are

produced as a joint effort between finance and programmatic departments. In addition, monthly financial statements including variance to budget are reviewed by executive management. Other sound fiscal practices include:

- Internal controls and an automated purchasing system are implemented to ensure appropriate expenses and allocations.
- Allocation of salaries and payroll internal controls implemented to ensure personnel charges are accurate.
- Consolidated Fiscal Report (CFR) review prior to audit conducted by manager of financial reporting and Director of Finance.
- Policies, procedures, and internal controls are reviewed on a continuous basis.
- Independent firm conducts an audit of our financial statements on an annual basis.
- An audit of our CFR by an outside accounting firm is performed annually.

We design and innovate work systems by examining unmet needs, surveying market trends, listening to feedback from staff and stakeholders, and researching best evidence-based practices (EBP). Our work systems include the people, technology, and policies that drive our programs and services and business and operational supports. Through a system of quality improvement, areas in need of improvement are identified. Sometimes work teams are formed and participants engage in a systematic approach that includes defining the problem or need, collecting baseline data, designing an approach that is informed by evidence-based-best practice, implementing a plan systematically, and evaluating the effects of the plan until a solution has been identified. Through this approach, our work systems and processes become more aligned with stakeholder expectations and the generally accepted best practice.

Summit monitors and audits to test and confirm compliance with State and Federal laws and regulations, sub-regulatory guidance, contractual agreements, as well as internal policies and procedures to protect against Medicaid (or other) program noncompliance and potential fraud, waste, and abuse. Monitoring activities are regularly performed as part of normal operations to confirm ongoing compliance and to ensure that corrective actions are undertaken and effective. At other times, areas of risk include a more formal audit to review compliance with a particular set of standards (e.g., policies and procedures, laws, and regulations). The monitoring and auditing work plan is overseen and/or executed by the department of quality assurance assisted by the compliance department staff and the internal compliance committee. The compliance officer receives regular reports from those who are conducting the audits regarding the results of auditing and monitoring and the status and effectiveness of corrective actions taken. It is the responsibility of the compliance officer or his/her designee to provide updates on monitoring and auditing results to the compliance committee, the CEO, senior leadership, and Summit's Board of Directors.

We continually assess and summarize our work processes and produce an annual report of key process and work system measures and outcomes. In addition to system and process measures, we establish individualized goals for individuals we serve and continuously evaluate education and service outcomes. Included in our annual report is a summary of the satisfaction of the people who receive our services.

Summit formally approves, issues, and maintains in a consistent format, official agency policies and procedures. All approved policies are located on Summit's intranet so that staff can access them at any time. Staff who are engaged in developing and maintaining agency policies and procedures follow the requirements outlined in its Policy on Policies for drafting, approving, revising, archiving, and withdrawing agency policies and procedures. The Chief Executive Officer designates the Compliance Officer to be responsible for maintaining policies.

All Summit Center employees and board members are required to disclose any personal or professional relationships which may represent a potential or actual conflict with the interests of the agency, as well as circumstances which may give the appearance of such. In addition, it is expected that employees will recuse themselves from deliberation and decision-making involving matters wherein such potential or actual conflict, or appearance of such, exists. Summit will not enter into a related party transaction unless the transaction is either determined by the Executive Director and/or Board to be fair and reasonable and in the best interest of Summit. New employees disclose any conflict at the time of hire and update their disclosure as needed. Senior Leadership and Board members update their disclosure form annually and anytime that a conflict or appearance of a conflict is created.

In addition to our strategic planning process, satisfaction surveys are completed regularly, and any dissatisfaction receives a timely response and action if needed. We also conduct an annual staff survey. Smaller focus groups are sometimes organized to get more information.

Creating racially and culturally diverse leadership and workforce has been a challenge. However, the current leadership has demonstrated its commitment to reflect our community and the people we serve by creating an Equity and Diversity Committee and fostering a culture of inclusion. We work to ensure that there are no intentional or unconscious bias in the recruitment and selection of employees including leadership.

Governance

Summit's Board of Directors operate in accordance with Not-for-Profit laws, Summit Board bylaws and applicable policies.

The Operating Board meets at least six times per year and the committees of the Board meet as needed with Summit executive leadership and other staff to carry out oversight functions and monitoring for quality and effectiveness of services provided and Summit's programs. An annual report from the Executive Director to the board contains data that measures effectiveness, employment, census, service delivery, and other information. The Quality Improvement Plan Report is provided to the Corporate Compliance Committee of the Board on an annual basis and any significant issues related to effectiveness will be provided to the Operations Board. The Board's Internal Affairs Committee meets at least quarterly to review key financial metrics provided by management. It also reviews and recommends to the full Board the annual agency Budget. The Financial Audit Committee meets at least twice a year to select the independent auditor and review the annual audited financial report.

The board has a mechanism for active representation of people supported in agency governance and decision making. The board has a committee charged with recruiting and vetting board members. Their goal is to create cultural and racial diversity as well as a diversity of opinion and skill set. We typically operate with about 14 board members. This committee also conducts a board survey every couple 2 years to discern the level of board engagement, satisfaction, and areas for board improvement.

The Board demonstrates oversight of the Executive Director including adherence to executive compensation requirements. The Board understands that a primary responsibility is to select and supervise the Executive Director. The Board's Executive Committee provides that direct oversight through 6 meetings a year. Monthly meetings with the Board President and the Executive Director also occur. The Board also conduct a regular performance review.

The Board has adequate diversity of the appropriate skills and cultural competency to make decisions in alignment with the organization's mission. Biannual (or about) the board conducts a survey of its members determine areas of expertise and identify any gaps. The survey also seeks information on other affiliations and location of primary home. If gaps are identified, recruitment of new board members is refined to reflect those areas. While we have had some cultural and racial diversity for many years, it has been a challenge to recruit people to fully reflect our community. However, the board is committed to achieving diversity and has had some success.

The Board provides fiscal direction and oversight. Many members of the Summit Board have strong business and accounting background. The Internal Affairs Committee meets at least four times a year to oversee financial operations and to establish the annual budget. The CFO of Summit and the team provides generally accepted reports (e.g., cash flow, profit-loss, balance sheet) at each meeting for review and discussion. The Chair of the Committee reports to the full board. The annual budget is reviewed in detail at the committee level and reviewed again and approved by the full board. An independent accounting firm provides a summary each year of Summit's financial position to the board. In addition, the financial audit committee of the board selects the annual independent auditor, reviews the audit plan and audit findings.

Component #6: Quality Improvement

The Summit Center OPWDD QI Plan identifies standards, goals, and objectives and the actions necessary to meet the goals. The Summit Center's Quality Improvement/Quality Management Committee has met at least quarterly each year to review and assess progress toward the domains outlined in OPWDD's matrix of quality measures. Each year, based on data gathered through measurements obtained by programs and service departments, quality assurance and/or individual and parent satisfaction surveys, a Quality Improvement plan is developed to address specific objectives identified by the committee. In addition, the committee identifies additional measures that will assist in addressing other quality improvement initiatives that arise during the year. The plan is developed in accordance with OPWDD Quality Improvement standards. Additional areas to be addressed in the QI plan could arise from various reports and/or investigations, satisfaction surveys or via grievance reports.

The Summit Center is committed to providing the highest quality of service to individuals receiving our services and supports. Summit is committed to evidence-based practice and data driven decision-making. The agency's Quality Improvement plan includes a set of goals and objectives, as well as the outcomes that will measure the success of the plan.

The Summit Center's Quality Improvement Plan has a specific reference to the application of the agency's grievance procedure and this data is reported to the QI/QM committee on a quarterly basis, as well as the agency's Board of Directors, upon request. Quality Assurance staff, as members of the QI/QM Committee, report regularly on findings related to satisfaction surveys. Other data requested by the QI/QM committee are also reviewed regularly and upon request. The QI/QM Committee will make recommendations for remediation if it is determined that additional action is required beyond immediate actions already taken by agency management.

The QI Plan includes a description of actions to be taken during the year, and includes roles, responsibilities, and steps to be taken to achieve identified quality improvement actions or measures.

The Summit Center's quality improvement plan is assessed annually, and a summary report of progress toward identified goals is provided to the Board of Directors on an annual basis. The written annual QI plan summary addresses action taken during the year.

The Summit Center's quality improvement plan is reviewed and approved by the Board of Directors on an annual basis.

The Quality Improvement/Quality Management Committee consists of a cross-section of agency staff, including Finance, Human Resources, , Quality Assurance/Corporate Compliance, Program Management, Chief Executive Officer, Administrative Support, as well as a parent of a person being served by the agency. This committee assists in the development of the Quality Improvement Plan. A reference to the Quality Improvement Plan is posted and updated annually on the agency's website. The plan is available for review upon request.

The system for quality improvement of Summit is extensive. It includes input from stakeholders and representatives across agency functions. Summit will also reach out to community partners, colleagues, funders, and persons we may not serve but who may have knowledge of community needs in order to ascertain how to best meet peoples' needs at the highest level of quality possible. A Quality Improvement Committee has been formed and meets regularly to review progress toward outcomes outlined in the QI Plan, as well as to review data that informs what types of changes or improvements might be needed to improve the quality of services that are provided. The Summit Center is committed to responding to desired outcomes expressed by those we serve, and The Summit Center seeks to set agency goals and strategies that work to improve the services we provide and the quality of life of those who are supported and served by the agency. The Board of Directors is informed at least annually of progress toward identified goals, as well as presentation of data as requested. Individuals, families and/or caregivers are surveyed regularly to determine satisfaction with services, and any concerns are addressed immediately. Staff are surveyed or queried regarding satisfaction and/or to identify areas for improvement. Summit seeks to be informed by data and engages in evidence-based decision-making while responding to the needs and wishes of those we serve. Our ultimate goal is to make lives better.

The Summit Center's written Quality Improvement plan identifies quality standards, goals, and objectives and the actions necessary to meet them. The quality improvement plan integrates the domains and factors outlined in the [OPWDD Agency Quality Performance Standards](#) matrix and any other areas evidenced to be important to people supported by the agency and OPWDD priority areas (e.g. Person –Centered mechanisms and assessment, information from satisfaction surveys, employment, self-direction, etc.). The Summit Center integrates our efforts in quality assurance, quality improvement and quality of life into an effective, integrated quality management system. Quality improvement activities are continuous and include the systematic collection and analysis of data related to quality assurance, quality improvement and individual quality of life. The review and analysis of data occurs regularly at the operational level, but also as a function of the agency's Quality Improvement/Quality Management Committee. The Summit Center is committed to responding to desired outcomes expressed by those we serve, and The Summit Center seeks to set agency goals and strategies that work to improve the services we provide and the quality of life of those who are supported and served by the agency.