The following is The Summit Center’s written plan that 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](https://opwdd.ny.gov/sites/default/files/documents/Final_AQP_Domains_Standards.pdf) 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 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.

**Section 1**: **Board Approval** (The Summit Center’s Quality Improvement Plan is reviewed and approved by the Board of Directors on an annual basis.)

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 1 | An Annual OPWDD QualityImprovement Plan for 2024 will be developed and finalized. | VP Community and Adult Services | 01/01/2024 | 03/31/2024 | An Annual Quality Improvement Plan will be developed and finalized, including review of plan by Executive Leadership. | New Goal for 2024 |
| 2 | An Annual OPWDD Quality Improvement Plan for 2024 will be approved by the Board of Directors. | VP Community and Adult Services | 03/01/2024 | 03/31/2024 | BOD approval of final 2023 QI Plan will be obtained. | New Goal for 2024 |

**Section 2**: **Actions to Improve Program Outcomes** (The Summit Center’s Quality Improvement Plan includes the description of quality improvement actions to be taken during the year. The plan includes roles, responsibilities, and processes to address quality improvement and regulatory deficiencies. The goals and objectives listed herein reflect a commitment by The Summit Center to the delivery of evidence-based, high-quality services and supports.)

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 3 | A convenient measure of progress will be determined for each habilitation and employment service (Day Habilitation, Community Habilitation, Pre-Vocational, Supported Employment) | VP Community and Adult Services, Program Directors | 03/01/2021 | 06/30/2024 | Metrics will be refined to measure progress and additional measures developed toward individual goals for habilitation and employment services. | Continued in part from 2023 QI goals |
| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 4 | Comprehensive reporting will be developed and available for regular review. | VP Community and Adult Services, Program Directors | 07/01/2020 | 11/30/2024 | Data will be readily available in an electronic reporting format. A dashboard may be developed to provide real-time progress towards identified goals for employment and habilitation services. Greater detail will occur in conjunction with EVOLV’s transition to NX. | Continued from 2023 plan |
| 5 | Data will be reviewed and acted upon by program supervisors, leadership and other applicable staff as needed. | VP Community and Adult Services, Program Directors | 12/01/2020 | Ongoing | Program supervisors and leadership will provide monthly reports to, at minimum, Executive Leadership, including any remediation that occurs in response to data upon request. | Continued from 2023 plan |
| 6 | Data will be reviewed at least quarterly by the agency’s QI/QM committee. | VP Community and Adult Services, Program Directors | 09/01/2020 | Ongoing | Data will be reviewed by the QI/QM Committee on a quarterly basis. | Continued from 2023 plan |
| 7 | The agency’s QI/QM committee will make recommendations for improvement based on review ofdata. | VP Community and Adult Services, Program Directors | 10/01/2020 | Ongoing | QI/QM Committee provides written recommendations to applicable program or support department staff as needed. | Continued from 2023 plan |
| 8 | Agency staff will report back to QI/QM committee regarding progress toward improvements as per timeline set forth by theCommittee. | VP Community and Adult Services, Program Directors | 12/31/2020 | Ongoing | Applicable staff will provide written or in- person feedback to QI/QM regarding status of improvement efforts. | Continued from 2023 plan |
| 9 | Dashboard and other data regarding progress made toward individuals’ valued outcomes will be reported to agencyleadership, QI/QM committee and the BOD upon request. | VP Community and Adult Services, Program Directors | 12/31/2021 | Ongoing | Reports on progress made toward identified goals will be provided as appropriate or upon request. | Continued from 2023 plan |
| 10 | Summit will evaluate the success of DSP Core Competency Training and PerformanceEvaluation | Program Directors and Human Resources | 04/01/2023 | 06/30/2024 | Identify steps to improve baseline measurements of the success of Core Competency training; implement steps; explore options to incentivize staff to exceed standards. | Continued from 2023 plan with updated approach |

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 11 | Summit’s hiring practices are in accordance with agency and program requirements regarding training. | Human Resources | 04/01/2023 | 06/30/2024 | Summit will evaluate success of curriculum. | Continued from 2023 plan with updated approach |
| 12 | Time from referral to OPWDD/ACCES-VR programs to enrollment will decrease | Program Management | 04/01/2023 | 12/31/2024 | Improve the time from referral to enrollment for agency-directed services in a self-directed budget and ACCES-VR services. | Continued from 2023 plan with updates to Expected Outcome |
| 13 | Summit will be in compliance with HCBS Settings rule | QA/CC/Program Management | 10/01/2022 | 06/30/2024 | Develop audit tool to ensure compliance. Report any findings to Exec. Leadership and BOD upon request.; Person-Centered Steering Committee will make recommendations to program regarding expectations that will improve compliance with HCBS Settings rule requirements.  | Continued from 2023 plan with updated approach |
| 14 | Ensure agency compliance with regulations post-COVID federal emergency declaration | QA/CC/Program Management | 11/11/2023 | 05/11/2024 | Assessment of adherence to post-COVID-emergency regulations and guidance within 6 months after end of federal emergency. | Continued from 2023 plan with minor updates |

**Section 3**: **Individual and Family Satisfaction** (The Summit Center’s Quality Improvement Plan includes standards related to individual/family satisfaction with services and supports, and agency response to people’s concerns and complaints as needed.)

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 15 | Summit will review and respond to concerns and grievances. | VP Community and Adult Services, Program DirectorsQA | 02/01/2021 | Ongoing from 2021 | Quarterly report to the QI/QM Committee of non-identified aggregate data regarding grievances, 633 complaints and resolution to such. Report to BOD as required/requested. | Continue – ongoing |

**Section 4**: **Self-Assessment** (The Summit Center’s Quality Improvement Plan incorporates self-assessment, aggregation, and analysis in an annual progress summary that incorporates the quality improvement actions taken during the year in response to this information.)

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 16 | The Summit Center's Board of Directors will receive a summaryof progress toward QI Plan objectives. | VP Community and Adult Services | 03/01/2024 | 03/31/2024 | A summary of progress for the 2023 QI Plan year will be provided to the Board of Directors. | New Goal for 2024 |

**Section 5**: **Quality Improvement Notifications of Stakeholders** (The Summit Center’s Quality Improvement Plan incorporates self-assessment, aggregation, and analysis in an annual progress summary that incorporates the quality improvement actions taken during the year in response to this information.)

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| **Obj. #** | **Objective Description** | **Person Responsible** | **Initiation Date** | **Target Date** | **Expected Outcome** | **New / Continued from Previous Year** |
| 17 | A notice of Summit’s Quality Improvement Plan will be posted on the agency website and available for review uponrequest. | VP Community and Adult Services, Director of Communications | 03/01/2024 | 03/31/2024 | The notice of the availability of the final plan will be posted on the agency website. | New Goal for 2024 |