

Annual Report on Quality Management and Performance Measurement/Improvement
Calendar Year 2017

Introduction:

Life Alliance is committed to providing quality services to our consumers. We also understand that this goes beyond direct care. Our approach to quality assurance and continuous improvement is to learn from best practice and utilize tools from area programs and other government agencies. We set standards for management, supervisory, staff, and consumer service quality that strive to meet or exceed the industry standard.

The Life Alliance Quality Management Committee meets on a quarterly basis. Members of the Leadership Team and the Quality Assurance Director have standing seats on the committee. The committee performs, at a minimum, the following tasks:

- Reviews 40% of all consumer and employee charts annually
- Review and formulate a plan to address all formal complaints/grievances
- Review and formulate a plan to address all MCO Plans of Correction
- Set and review performance management, measurement, & improvement goals, results, etc
- Review the results of consumer satisfaction surveys
- Review credentialing status
- Review the results of all internal/external audits

Performance Measurement, Management, and Improvement System:

Each year we adhere to the following process:

- Gather data from internal and external sources
- Draft annual planning objectives
- Gather data from internal and external sources
- Develop indicators and outcomes measurements to ensure objectives are met
- Gather data from internal and external sources
- Track progress quarterly
- Gather data from internal and external sources
- Draft annual analyses outlining results, improvements made, and improvements needed

Internal data may include: annual employee, consumer, and stakeholder satisfaction surveys, targeted satisfaction surveys, service grids, progress notes, performance evaluations, incident reports, complaint log, internal committee meetings.

External data may include: MCO trainings and forums, MCO-required outcomes, provider collaboratives, industry trainings and forums, advocacy group meetings, external committee meetings, workshops, seminars, industry best practice

At its discretion and as necessary, the Life Alliance Leadership Team and/or Director of Quality Assurance may develop issue-specific Quality Improvement Projects or Performance Improvement Projects. These projects would have their own objectives, indicators, and outcomes within the overall PMMI system.

Annual Quality Management Goals:

Overall satisfaction score from employee and consumer surveys

Goal- 90%

Result- 97%

Extenuating Factors: N/A

Utilization rate for Community Living and Supports

Goal- 90%

Result- 92%

Extenuating Factors- N/A

Plans of Correction

Goal- 0

Result- 0

Extenuating Factors: N/A

Complaints resolved within 30 days

Goal- 100%

Results- 100%

Extenuating Factors- N/A

Increase Innovations caseload

Goal- 10%

Results- 7.5%

Extenuating Factors- This was due to losing cases in joint employment situations to comply with new regulatory interpretations.

Consumers who report going into community five or more times per week

Goal- 90%

Results- 95%

Extenuating Factors- N/A

Consumers who report receiving physical health checkup in the previous 12 months

Goal- 90%

Results- 100%

Extenuating Factors- N/A

Consumers with short term goals to improve physical health outcomes

Goal- 80%

Results- 100%

Extenuating Factors – N/A

Joint MCO Routine Monitoring score

Goal – 90%

Results – 100%

Extenuating Factors – N/A

Increase use of Community Networking/Supported employment

Goal – 10%

Results – 10%

Extenuating Factors – This outcome was originally interpreted as increasing the total number of consumers receiving this service. It should reflect the percentage of consumers who receive the service. In 2016, 1% of consumers utilized this service. In 2017, that number rose to 11% of consumers utilizing the service for a 10% increase.

Other Committee Activities:

Committee discussed issues surrounding implementation of Electronic Health Record. This is set to complete in late 2018 or early 2019 at the latest.

While we no longer have number of complaints as an outcome, this committee will continue to track the total number of complaints and identify trends.

Education verification of direct care staff is being scrutinized by some of the MCOs. Darren has been very involved in this through his role as chair of the Partners GCQI Committee. Our policy now requires primary source verification plus a quality assurance review to ensure the school is accredited.