



Quality Management Program Plan

Definitions

- Quality Assurance (QA): processes undertaken by CDS Monarch that assure care is maintained at acceptable levels in relation to standards for service quality and outcomes. It is a continuous process that assesses CDS Monarch's performance, both prospectively and retrospectively, including where and why performance is a risk or has failed to meet standards.
- Quality Improvement (QI): the continuous study and improvement of processes by CDS Monarch with the intent to better services, outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of systematic problems or barriers to improvement. QI processes are focused on proactively improving service delivery processes and quality of life for the persons we serve.
- Quality Management Program (QMP): a proactive system that documents processes, procedures, and responsibility for achieving quality practices and objectives. It includes the Quality Management Program Plan and Quality Assurance/Quality Improvement (QAQI) annual work plan.

Overview

CDS Monarch Introduction

In 1977, a group of parents came together with the common vision of creating living opportunities and quality services which would be available for individuals with intellectual and developmental disabilities. children, no matter their ages. Built on the foundation of compassion and quality care, CDS Monarch was born.

Today, CDS Monarch (CDSM) has grown to fulfill the needs of more than 1,700 people with developmental disabilities and their families.

Our Mission

Creating safe and nurturing environments for the people we serve, to reach their goals and fulfill their dreams.

Our Vision

A community where people of all abilities find opportunity.

Purpose of Quality Management Program

Our Quality Management Program (QMP) is established to provide the structure and processes necessary to define, measure, analyze, and improve the quality and effectiveness of services in order to facilitate positive life outcomes for the people we support. The person is the center of this focus. The QMP realizes success through active oversight and multidirectional input from our Board of Directors, Executive Team, Quality Committees, staff, and the people we serve.

The QMP consists of the Quality Management Program Plan, and the Quality Assurance and Quality Improvement (QAQI) Annual Work Plan.

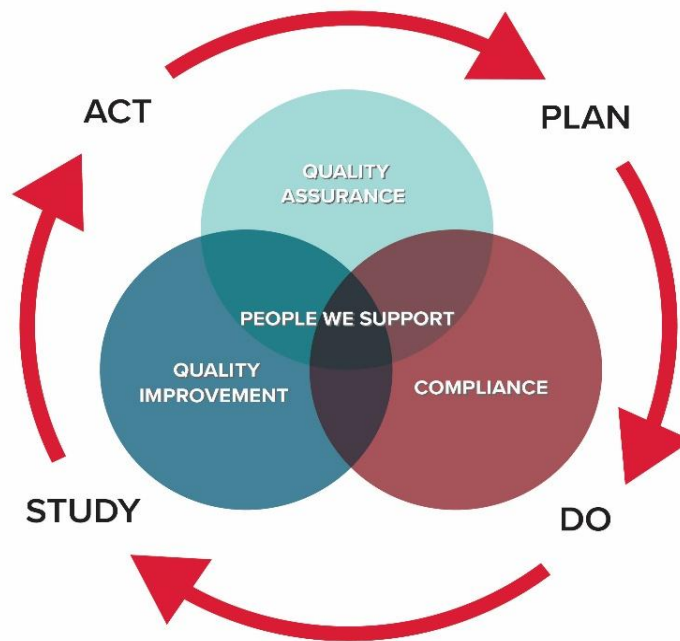
QMP Guiding Principles

Our QMP is designed with the philosophy and methodology of continuous measurable improvement in the quality of service to the people we support to promote effective, efficient and high-quality services. To accomplish this, we utilize the following:

- The People We Support: We listen to the people we support and their families to measure our quality against their expectations.
- Teamwork & Collaboration: Process improvement, process design and problem solving is accomplished via individual and team-based approaches.
- Quality Improvement: Our efforts are identified through quality control, regulatory requirements, and quality measurements. Improvement activities are accomplished through integrated team activities utilizing problem solving, and program design processes.
- Data-driven Decision Making: We utilize internal and external data as a source of decision making.

Our Quality Principles

- Promote and enforce CDSM's QMP, Mission & Vision.
- Develop, implement, and adhere to CDSM's policies and procedures.
- Effectively train and educate CDSM's personnel.
- Effectively establish open lines of communication within CDSM's professional network.
- Maintain an effective system for routine internal auditing and monitoring.
- Proactively identify and resolve issues before they occur.
- Evaluate the provision of quality services and impact on health and quality of life outcomes.
- Utilize data collection, analysis and reporting in a way that measures service effectiveness and quality.
- Identify and promptly respond to potential risks.



Our Approach

We believe in a culture of quality in which all staff have a responsibility for quality. CDSM employs a proactive approach to ensuring we have a holistic QMP that provides a systematic, comprehensive and data driven approach to maintaining and improving our service quality. We utilize the iterative, problem solving model, otherwise known as the Deming Cycle [Plan-Do-Study-Act], as the organizational model for quality improvement as follows:

- Define the problem.
- Identify desired outcomes.
- Develop effective process-based solutions.
- Provide education and implement the improved process.
- Monitor to evaluate the gains and continuously improve the process.

Scope

CDSM recognizes that individual performance is integral to achieving our mission and further acknowledges that the most significant advances in quality improvement will result from collaboratively focusing on important and priority processes of service within our organization. The QMP will be integrated into all aspects and levels of CDSM operations and departments.

The QMP addresses the monitoring and reporting requirements set forth in federal and state regulations, and proactively pursues opportunities for improvement in these areas.

The QMP is committed to continuous quality improvement and is evaluated on an annual basis for its overall effectiveness in meeting its annual work plan objectives. Based on these findings

the QMP will be modified and annual work plan updated to ensure problems are addressed and opportunities are acted upon to improve the quality of services for the people we support.

Quality Management Program Scope of Focus

The following areas are included in the scope of focus for QMP improvement activities:

- Measurement, aggregation, and analysis of factors related to the outcomes and quality of life desired by individuals.
- Addresses person-centered planning and service delivery.
- Addresses assurance of individual's health, safety, rights and freedom from abuse/neglect and exploitation.
- Includes goals, objectives, and processes to address compliance with OPWDD, state, and federal requirements.
- Addresses areas important to stakeholders based on their input.
- Addresses findings from satisfaction surveys.

Data Measurement and Reporting

CDSM will collect analyze and report on data related to but not limited to the above areas which measure the effectiveness of services, chronic disease management on individual-level, clinical outcomes, satisfaction, and quality of care outcomes.

Quality Management Program Oversight

CDSM Program Assessment Committee

The CDSM Program Assessment Committee is a standing committee of the Board and is directly accountable to the CDSM Board of Directors. The Program Assessment Committee is responsible for the oversight of the QMP and its effectiveness. The committee supports CDSM leadership in establishing and maintaining a culture of quality within the organization.

Responsibilities & Activities

The Program Assessment Committee's responsibilities related to the QMP include, but are not limited to:

- Review and prioritization of performance improvement efforts through review of strategic goals; performance and benchmark data; and data trends.
- Review of performance monitoring improvement efforts for effectiveness.
- Review of recommendations for changes in service provision &/or operations.

- Review of written reports prepared by leadership that include findings, actions, and outcomes of the Quality Management Program/Plan.
- Providing reports on the status of the QMP with recommendations to the CDSM Board of Directors.
- Annual review and approval of the QMP and QA/QI annual work plan. Review and approval are documented in the minutes of the Program Assessment Committee.

Membership

- At least two (2) board directors, one of whom will serve as chairperson of the committee,
- President and/or CEO,
- Individual/parent representative,
- CDSM senior operational staff
- CDSM clinical staff
- Director of Compliance and Quality Improvement

Meetings

- Meetings will be held eight (8) times annually.
- Additional meetings may be held to discuss, and address identified critical issues.

Record Keeping

- Minutes of the Program Assessment Committee meetings will be maintained.

Quality Management Operation

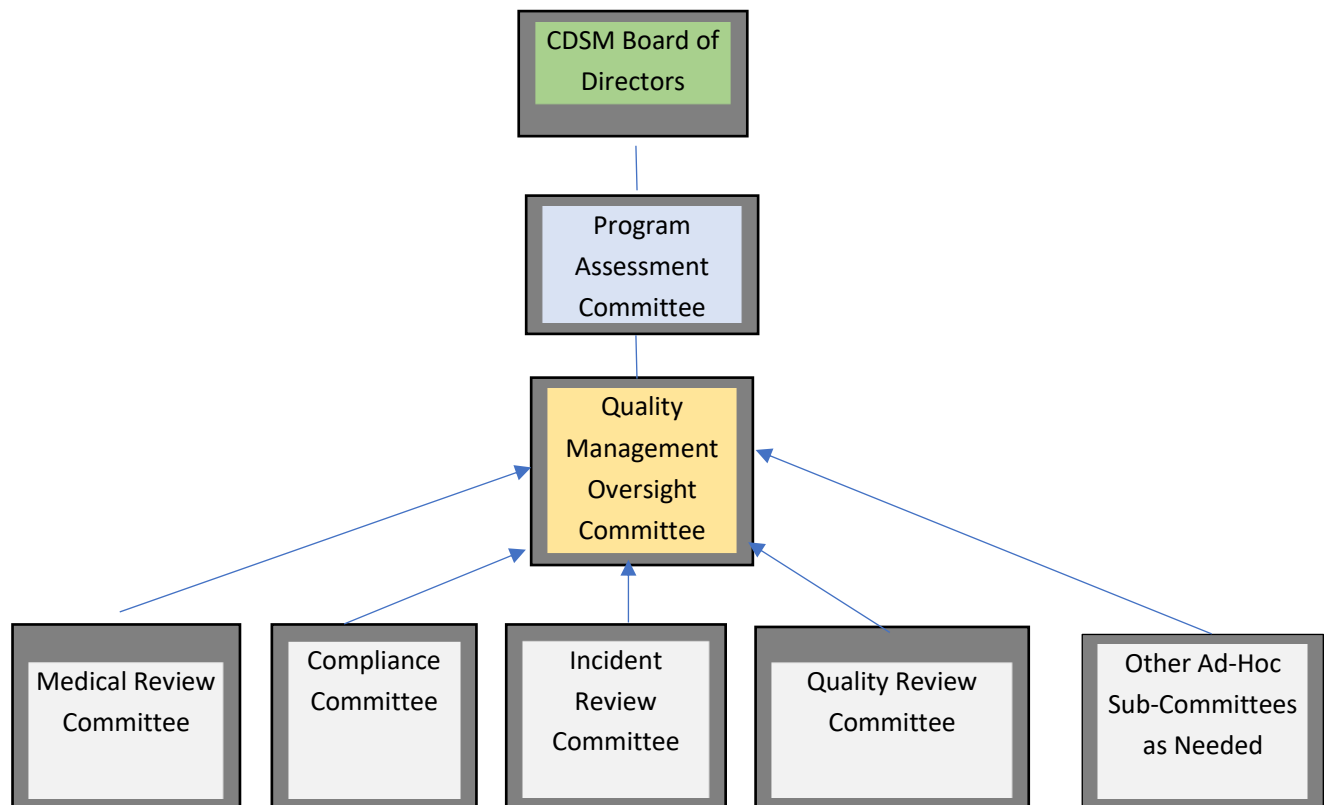
The Quality Management Oversight Committee (QMOC) under the oversight of the Program Assessment Committee is responsible for monitoring the QMP and QA/QI activities identified in the annual work plan. The QMOC will report at least twice a year to the Program Assessment Committee.

CDSM Executive and Senior Leadership have the responsibility of oversight of the QMP. Leadership operates the overall QMP and is responsible for continual program oversight, as well as for ensuring results of quality improvement activities. The VP of Compliance and Quality Improvement and Director of Compliance are responsible for the day to day oversight of the functioning of the QMP.

Structure

CDSM has established committees which report on QMP activities on at least a bi-annual basis to the Program Assessment Committee including:

- Quality Management Oversight Committee.
 - Compliance Committee
 - Incident Review Committee
 - Quality Review Committee
 - Medical Review Committee
 - Other ad-hoc sub-committees to support quality initiatives as needed



Committee Key functions:

The key functions of the committees which report QMP activities to the Program Assessment Committee include:

- **Quality Management Oversight Committee (QMOC)** is responsible for monitoring and overseeing the QMP and ensuring its effectiveness. The QMOC provides leadership in establishing and maintaining a culture of quality across CDSM. The QMOC meets at least quarterly.

The QMOC will review reports, analyze data/trends, monitor QA/QI Workplan, Performance Improvement Plans, and make recommendations for additional improvements to address systemic concerns. Findings are reported to the Program Assessment Committee and serious concerns raised to the Board of Directors.

- The following subcommittees report to the Program Assessment Committee through the QMOC:
 - **Medication Review Committee (MRC)** - will review individuals with complex medical needs through case presentations, preventive internal nursing processes for quality improvement, and nursing departmental trends and data. The committee meets quarterly.
 - **Quality Review Committee (QRC)** – the purpose of the committee is to improve CDSM systems/processes and manage regulatory changes. The committee meets monthly. Functions include:
 - Review and implementation of regulatory changes including OPWDD Administrative Memorandums ensuring the development of necessary policies/procedures and training.
 - Review of quarterly BPC and external audit data/trends.
 - Recommend areas and opportunities for improvement.
 - Report activities, areas of concern and recommendations for enhancements to CDSM management.
 - **Compliance Committee** – a multi-representational committee charged to assist in implementing, operationalizing, monitoring, and overseeing the effectiveness of the QMP to help in determining CDSM’s strategy for promoting compliance and quality. The Compliance Committee meets at least quarterly. Areas of focus:
 - Prioritizing performance improvement efforts utilizing strategic goals. Aggregating, analyzing performance data/measures and benchmark data, and trend analysis.
 - Review of internal and external audit data and trends.
 - Review and monitoring of annual internal audit work plan.
 - Monitoring performance improvement efforts for effectiveness.

- Review of new and revised regulations.
- Review of Corrective Action Plan compliance.
- **Incident Review Committee (IRC)** – a multi-representational committee which meets twice monthly. The IRC is required by regulation to:
 - Review reportable incidents and notable occurrences to:
 - Ascertain that reportable incidents and notable occurrences were reported, managed, investigated, and documented consistent with the provisions of 14NYCRR Part 624 and Part 625, and with agency policies and procedures, and to make written recommendations to the appropriate staff and/or the chief executive officer to correct, improve, or eliminate inconsistencies.
 - Ascertain that necessary and appropriate corrective, preventative, remedial, and/or disciplinary action has been taken to protect persons receiving services from further harm, to safeguard against the recurrence of similar reportable incidents and notable occurrences, and to make written recommendations to the CDSM CEO/President (designee) to correct, improve, or eliminate inconsistencies.
 - Ascertain if further investigation or if additional corrective, preventative, remedial, and /or disciplinary action is necessary, and if so, make appropriate written recommendations to the CEO/President relative to the reportable incident or notable occurrence.
 - Identify trends in reportable incidents and notable occurrences (e.g. by type, person, site employee involvement, time, date, circumstances, etc.) and recommend appropriate corrective, preventative, remedial, and/or disciplinary action to the CEO/President to safeguard against such recurring situations or reportable incidents and notable occurrences.
 - Ascertain and ensure the adequacy of the agency's reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventive, and remedial action.

Quality Assurance and Quality Improvement Framework

CDSM applies a Quality Assurance (QA) and Quality Improvement (QI) framework to ensure a systematic and data-driven approach towards maintaining and improving the quality of our services. These two components are inter-dependent and mutually-reinforcing.

- QA is the identification and specification of standards for quality of service outcomes, with a process to assure that care and service is maintained at acceptable levels in relation to those standards. Quality Assurance methods include:

- Develop and implement annual work plans for internal compliance, internal audit and QA/QI objectives.
 - Conduct routine and specialized audits utilizing quality assurance audit tools and other applicable state, federal and external audit tools.
 - Employ root cause analysis of audit findings.
 - Validate established corrective actions.
 - Utilize internal and external audit data to identify key opportunities for specific and systemic system improvement
 - Trend and analyze data (including compliance, audit and satisfaction surveys).
 - Establish processes for review and remediation of complaints
- QI is the continuous study and improvement of processes with the intent to improve service or outcomes by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent or systemic problems.
 - Internal control reviews are included in part of our QI activities to identify gaps or areas of improvement within processes, policies/procedures, or training.

The comprehensive implementation of the QA/QI framework across the organization allows for an ongoing, organized method of monitoring and achieving desired results. Data analytics is an essential component of the QA/QI focus.

QMP Framework Documentation

The framework of our QMP is documented through three components:

- Quality Management Program Plan – summary of the program’s structure, components, goals, and objectives.
- QA/QI Work Plan – annual plan that lists key specific initiatives, tasks, responsible lead personnel, timeframes and status.
- Quality Management Plan Annual Evaluation – a summary and analysis of the previous year’s QMP and work plan activities. This enables CDSM to evaluate the overall effectiveness of the QMP and our progress toward achieving stated goals.

Learning & Development

General Quality Management Training

Training is a key building block of our QMP. CDSM provides training and education so that personnel understand our program expectations, operations, and requirements to promote a culture of continuous quality improvement and person-centered service approach.

Required training and education in accordance with OPWDD and CDSM’s established training schedule is provided. QMP training related topics include but are not limited to:

- Corporate Compliance
- HIPAA Privacy and Security
- Incident Recognition, Reporting and Prevention
- Code of Conduct
- Conflict of Interest
- Supporting People with Dignity and Respect/ Promoting Positive Relationships
- Professionalism in the Workplace

Additional training may be conducted when quality issues arise, when processes change, or personnel are found to be noncompliant.

Risk Identification, Assessment & Remediation

Tracking Improvement Activity and Reporting Data

Each of the committees reporting to the QMOC will track and report on the specific objectives/goals that fall under its area of responsibility. Reporting will include:

- Identification of metrics.
- Specific metric measurements relative to pre-established goals and quality action points.
- Improvement activities initiated.
- Ongoing results of quality improvement.

Reporting data from the above committees will be reported to the QMOC. The QMOC will collate and report progress to the Program Assessment Committee at least bi-annually.

Risk Assessment & Prioritization

CDSM will consistently assess our organization to identify, assess and remediate risk to ensure that we are providing the highest quality services. The QMP will direct its efforts and resources in quality improvement prioritizing and addressing high risk areas first. This process will be data driven. Quality objectives/goals will be updated annually and approved by the Board Program Assessment Committee.

Risk Remediation

As risks are identified, CDSM will prioritize the highest risks and a Quality/Performance Improvement Plan (PIP) will be developed. The PIP will include:

- areas where performance expectations and standards have not been met,
- root cause analysis,
- expectations for improvement using measurable goals,
- timeline for improvement,

- assignment of tasks,
- the need for staff training or support,
- expectations for reviewing progress.

Reports will be provided to the QMOC for monitoring and reporting to the Program Assessment Committee.

Reporting of Quality Concerns

CDSM believes that employees will do the right thing and report quality issues through the Corporate Compliance Program, in person, by phone (585) 347-1274 or via email compliance@cdsmonarch.org. CDSM also offers a 24-hour Compliance hotline **585-347-1264**, that allows the caller to remain anonymous if they choose. All reports received are documented, investigated, remediated, and tracked for compliance purposes.

Responding to Quality Concerns

CDSM takes quality seriously. We will promptly review, investigate, and implement appropriate corrective measures in response to all actual and/or potential quality concerns. Appropriate corrective actions will be implemented to mitigate future occurrence. Unless reported anonymously, appropriate feedback will be provided directly to the reporter.

Additional Resources and References

- OPWDD Agency Protocol Manual, Topic 13 - Agency Quality Improvement, Sections 1-3
- CQL Personal Outcome Measures
- [AQP domains standards - OPWDD.pdf](#)
- <https://www.ncqa.org/hedis/measures/>

Review and Revision

DATE	REVIEW/REVISION	QMOC REVIEW DATE	PROGRAM ASSESSMENT APPROVAL DATE
May 10, 2022	Initial	May 10, 2022	October 12, 2022
December 7, 2022	Review	December 15, 2022	January 25, 2023
December 4, 2023	Review	December 12, 2023	April 17, 2024
December 3, 2024	Review	December 13, 2024	January 22, 2025