

Alleghany County Group Homes, Inc.

QUALITY MANAGEMENT SYSTEM

18 November 2008

We make a difference!

ALLEGHANY COUNTY GROUP HOMES, INC.
Quality Management System

SIGNATURE PAGE

I, the undersigned officers of the Board of Directors, have read and approve these “Alleghany County Group Homes, Inc. “Quality Management System” dated 18 November 2008 as written. I understand that it is the right of the Board of Directors to amend these policies as required.

.....

Chairman

Date

.....

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Quality Management System

I. MISSION STATEMENT AND VALUES

*We are dedicated to enhancing the quality of life
for the developmentally disabled citizens of Alleghany county.*

1. Mission Statement: The mission of Alleghany Group Homes Inc. is to provide high quality services and supports so that adults with developmental disabilities can live successfully in their chosen communities. *We are dedicated to enhancing the quality of life for the developmentally disabled citizens of Alleghany county.*

2. Philosophy: All people with developmental disabilities will maximize their potentials to live as independently, productively and successfully in their chosen communities as possible.

3. Scope of Services : We serve adults, and children over the age of 16. We provide evaluation, education and habilitation to qualified clients. Services currently provided are ADVP, DDA Group Home, CBS and CAP. We may expand services in other areas if there is a need in the community.

4. Partnerships: We believe that the most effective outcomes arise from participation in the design and direction of services. Therefore, we work as partners with the consumers, families, and community members, which we serve.

5. Individualized, Appropriate Services: We recognize and support each person's individual strengths and preferences, matching each need with appropriate services. We work in partnership with each person to design a plan for the least intrusive, least restrictive, and most effective delivery of services.

6. Courtesy / Respect: We believe, and insist upon, that all people be treated with courtesy and respect.

7. Cost-effectiveness: We place value on providing the most effective consumer outcomes in the most cost-efficient manner.

8. Continuous Improvement: We strive to continually improve all aspects of our service delivery.

9. Outcomes: We strive to achieve measurable, observable, and demonstrable outcomes that affect each person's quality of life in positive ways.

10. Timeliness: We strive to deliver services promptly, according to each individual's need.

11. Professionalism: We strive to employ qualified and well trained employees that are dedicated to providing the highest quality of services.

I I. PURPOSE OF THE QUALITY MANAGEMENT SYSTEM

The purpose of the quality management system is to assure and to continuously improve the quality, effectiveness, accessibility, appropriateness and consumer satisfaction of all services in accordance with our mission and the North Carolina statutory requirements.

I I I. AUTHORITY AND RESPONSIBILITY

1. The ACGH Board of Directors has delegated authority to the Executive Director to establish a quality management system to cover all services.
2. The Executive Director is responsible for supervising all quality management activities and for insuring the implementation of quality management activities.
3. The Executive Director, with input form the Quality Improvement Committee, establishes and reviews quality indicators and outcome measurements in order to assure and to improve quality.
4. The Executive Director has the authority to make recommendations for necessary changes to improve quality. The Executive Director will designate the appropriate person to make such changes. That individual will be responsible for tracking such issues to resolution.

I V. SCOPE OF THE QUALITY MANAGEMENT SYSTEM

1. All Alleghany County Group Homes, Inc. facilities and services are required to comply with this plan.
2. All staff are responsible for participation in quality management activities to include identifying and, when appropriate, correcting situations that may impact negatively on the quality of services. This process will follow organizational lines of supervision.

V. OPERATIONAL GOALS

1. To assure that the principles expressed in the mission statement of ACGH are realized in the services provided to its consumers.
2. To assure that all staff, volunteers, and interns are performing activities that are within their capabilities and for which they have been privileged.
3. To assure that all staff, including fully qualified, non-fully qualified, and paraprofessionals, are involved in a structured supervisory network.
4. To assure timeliness, consistency, completeness and accuracy of all service records by training and regular review of documentation.
5. To assure that ACGH is aware of, reduces and responds to situations which place staff or consumers at risk of harm.
6. To identify training and educational needs and assure that staff have access to necessary training and educational opportunities.

7. To assure efficiency, effectiveness of services and consumer satisfaction through consumer surveys, suggestion box, family/stackholders surveys, consumer/client meetings, staff meetings, and regular program evaluations.
8. To prevent reoccurrence of serious or dangerous incidents involving consumers and staff by regular review of incidents and recommendations for change.
9. To assure the compliance of all services with all applicable licensure and accreditation standards.
10. To assure the protection of human rights for all consumers.
11. To continuously improve communication within the organization.
12. To continuously improve the timeliness of corrections of identified deficiencies in records documentation.
13. To continuously improve the effectiveness of therapeutic interventions and habilitation methods.
14. To continuously improve the satisfaction of consumers.

VI. COMPONENTS OF THE QUALITY MANAGEMENT SYSTEM

1. Oversight and policy direction are provided by the Allegheny County Group Homes Inc. Board of Directors.
2. The Executive Director is responsible for the implementation of this plan and the quality of all services provided.
3. The Quality Improvement Committee meets quarterly. It consists of the following personnel:

Executive Director, ACGH Director, one ADVP staff, one Sam Evans staff.

Quality Improvement Indicators shall be:

- Informal Client Surveys – one conducted each week. See Attachment 1.
- Annual Client Surveys – See Attachment 1.
- Annual Family and NRBH or other stack holdersurvey – See Attachment 1.
- Consumer and Employee suggestion box
- Staff and Consumer meetings – See Attachment 7.
- Attendance – See Attachment 7.
- Incidents, accident and med error rate – See Attachment 7.
- Percent attendance – See Attachment 7.
- Annual Employee Survey – See Attachment 8.

The ACGH Director will gather the data from the quality improvement indicators listed above and provide them to the committee. Other agenda items may be added to the meeting at the request of any committee member. The Executive Director reviews the minutes and is responsible for implementation of recommendations.

4. Monitoring is provided by Smoky Mountain Center on an as needed basis. CAP program will be CARF accredited.
5. Self assessment is conducted annually by the Director of each program and reviewed by the Executive Director. Results of the annual assessment are briefed to the Board of Directors at the next scheduled meeting.
6. Consumer surveys, Family and Stock Holder surveys are conducted annually each year and the results are provided to the Executive Director and the Board of Directors. A survey form is provided at **attachment 1**.
7. Open door policy. Staff and consumer input is encouraged and frequent communication with all staff, consumers and interested parties is the cornerstone of quality service. Program Directors and the Executive Director have an open door policy and welcome input from all sources at all times.
8. Human Rights Committee (HRC). The purpose of the HRC is to assure at all times that clients enjoy safe, humane and secure conditions. That staff of all programs adhere to the client's civil and legal rights and that all actions are in accordance with applicable regulations including APSM 95-2.
 - a. Function: The committee will:
 1. Review all applications for human rights restrictions as planned in applicable services, and approve, disallow, or make suggestions for modifications of plans.
 2. Review patterns of allegations of abuse and neglect concerning ACGH consumers and make suggestions concerning their follow-up.
 3. Review and make recommendations concerning incidents that relate to human rights issues and which are either serious in nature, or form patterns suggesting a need for systems change.
 4. Function as the ACGH's Client Grievance Committee by hearing unresolved grievances and making decisions concerning them.
 - b. Composition:

The HRC shall be composed of not less than six persons, no more than twelve persons. Suggested committee members include:

Parent/guardian	Attorney	Community representative
Pharmacist	Minister	New River Behavioral Healthcare representative
DD specialist	Teacher	DSS representative
 - c. Staff Support:
 1. The Program Director will assist the Chairperson of the Human Rights Committee with formulating meeting agendas, writing and mailing minutes of meetings, disseminating information related to the function of the committee, and other correspondence.
 2. The Human Rights Committee shall meet quarterly at a minimum. The Chairman will be responsible for calling an emergency meeting of the committee, as necessary in response to critical incidents.

9. Consumer Advisory Committee (Consumer/Client Meetings):

a. Purpose:

The purpose of the Consumer Advisory Committee is to provide a mechanism for workers to make recommendations for needed changes and improvements that will enhance service delivery and improve worker satisfaction.

b. Function:

The Consumer Advisory Committee will initially meet on a monthly basis. After an initial organizational and training phase, the members of the committee will develop a schedule for their own meetings, on at least a quarterly basis.

c. Membership and Composition:

Members of the committee are all consumers which are served. Meetings will be held no less often than once per month with a goal of weekly. Topics covered are safety, one client rights subject, a general information subject, consumer inputs and concerns, and corrective actions. Minutes are kept on a standard form at **attachment 2**. The emphasis of the meeting will be encouraging and soliciting input from consumers.

d. Staff Support

The ADVP program Director will supervise Consumer Advisory Meetings. Direct care staff normally will conduct the meeting and write the minutes. Regular reports of consumer inputs and concerns will be made to the Board of Directors.

VII. PRIVILEGING AND SUPERVISION

1. Professional staff are “privileged” to perform required tasks by the Privileging Committee. Paraprofessionals receive a job description signed and dated by the employee and the executive director. Documentation of privileging and other licenses, registrations, certifications and signed job descriptions are kept in each employee’s personnel folder.

2. Professional staff will be privileged by the ACGH Privileging Committee which is composed of the Board Chairman, Executive Director and a QMHP, QP and QSAP. The NRBH QMS form on privileging is used to document qualifications, treatment/habilitation privileges and the approval of the ACGH Privileging Committee.

3. Training status for QP - Staff may be hired prior to being qualified for professional status. These staff will be given the status of intern until they finish all requirements leading up to their “privileging” as a “Qualified Professional” (QP) by the Privileging Committee. Until all training is completed and final qualifications are met, they may serve in an Associate Professional capacity under the supervision of a QP.

4. Each paraprofessional will be certified by the executive director. A job description will be signed and dated by the executive director and the employee and kept in the employee’s personnel record.

5. All staff who are not fully qualified professionals have formal contracts for supervision with a fully qualified professional and receive the supervision required by those contracts.

6. Training status: Paraprofessionals will remain in training status until all required training is completed and satisfactory performance is demonstrated during on the job training. Unsatisfactory performance will result in extension of probationary status and additional training until performance is up to standards.

7. Credentialing Definitions:

a. Fully Qualified Professional

1. An individual with a human services degree in a discipline related to developmental disabilities and at least one year professional experience working with the developmental disabilities population under the supervision of a qualified professional; or

2. An individual with a human services degree and at least two years experience working with the developmental disabilities population under the supervision of a qualified professional.

3. An individual with a baccalaureate degree and at least three years experience working with the developmental disabilities population under the supervision of a qualified professional.

b. Qualified Paraprofessional

An individual with a high school diploma, or equivalent, and satisfactory completion of all training requirements and on the job training.

8. Procedure for Privileging New Employees

a. All new employees will be privileged to provide the services required by their position prior to beginning work.

b. An employee may provide services while on training status as long as they are supervised by a qualified staff.

c.. Privileging for new professionals will take place as a fundamental part of the certification process.

d. The Executive Director is responsible for and empowered to apply the criteria detailed in this plan to employees in order to privilege them to perform services within ACGH.

e. A “Summary of Qualifications” at **Attachment 3**, and supporting documentation, will be presented to the Privileging Committee along with a “Professional Privileging and Supervision Form” at **Attachment 4**. Committee member signatures on this form certifies that the employee is privileged for the services listed. All documentation mentioned in this paragraph will be permanently retained and stored in the employee’s personnel record

VIII. SUPERVISION PLAN

1. Philosophy and Values

- a. The values described in the ACGH Mission Statement also apply to supervision. We value courtesy, mutual respect, and positive, constructive feedback in the supervisory relationship.
- b. All persons performing services on behalf of ACGH deserve quality supervision. All aspects of this plan apply equally to employees, volunteers, interns, and any other type of individual that may perform services on behalf of ACGH. Quality Supervision:

- 1. Is a partnership between a trained, experienced supervisor and an employee with knowledge, skills and expertise;
- 2. Is cost effective;
- 3. Is a regular, ongoing, dependable process;
- 4. Is the foundation of continuous quality improvement, and therefore, supervisors must be trained, supported and held accountable;
- 5. Includes the development of individualized goals with measurable outcomes to promote personal and professional development;
- 6. Documents performance and rewards merit;
- 7. Promotes positive morale and teamwork; and,
- 8. Supports staff and enhances their satisfaction with ACGH.

2. Qualifications for Supervisors

- a. A supervisor is an employee of Alleghany Group Homes Inc. who has been officially designated by the Executive Director as having responsibilities for overseeing the quality of the work of another employee.
- b. A supervisor must be a Fully Qualified Professional, if supervising direct service personnel.

3. Minimal Requirements for Supervision

- a. Fully Qualified Professionals will receive professional supervision on an as needed basis. Fully Qualified Professionals are expected to recognize when they need professional supervision and what kind of supervision they need. Supervision is provided by the Executive Director.
- b. All other direct service staff will receive professional supervision at the rate of one hour per week for full time employees.
- c. Professional supervision may be provided on an individual or a group basis at the judgement of the supervisor.
- d. Documentation is in the form of a supervision contract at **attachment 5** and minutes. Minutes of supervisory meetings are kept in a three ring binder in the supervisor's office.

- 4. Citations, job descriptions, supervision contracts, employee evaluations and training documentation are kept in each employee's personnel file.

I X. SERVICE RECORDS

1. All service records will be reviewed by the employees in each program.
2. Each program will conduct regular on-going quantitative records reviews to assure complete documentation in which
 - a. 100% of all new records will be reviewed at admission;
 - b. 100% of the program's records will be reviewed during the annual habilitation plan meeting;
 - c. 100% of the program's records will be reviewed upon discharge from each program and upon discharge from the agency.
3. One service record will be reviewed in detail during the weekly supervision and staff meeting. Service records will rotate alphabetically until all service records are complete and then the review will begin again. Reviews are documented on the Service Record Review Form at **Attachment 6**.

X. DEVELOPMENT, ANNUAL REVIEW AND UPDATING THE PLAN FOR CAP MR/DD

1. Development of the Plan: It is the responsibility of the Executive Director to develop the Quality Management Plan/ Corporate Plan/Strategic Plan and to insure that it is updated as needed. Input from consumers, staff members, family members, support persons and Board members will be solicited and used in order to insure that the plan best meets the needs of the consumers served by Alleghany Group Homes Inc.. Officers of the Board of Directors shall sign the Quality Management Plan after approval by the Board. The original plans with the Board Chairperson's signature will be kept in the Executive Director's office. The committee that completes Corporate planning, Strategic planning and Risk Management will develop plans that include improvement in Quality of Services.
2. Annual Review of the Plan: A review will be conducted annually.
3. Updating the Plan: Changes to the plan may be made at times other than at its annual review. . Any proposed changes should be brought to the attention of the Executive Director.

XI. ANNUAL QUALITY MANAGEMENT REPORT FOR CAP MR/DD

This report shall detail the ways in which quality has been improved over the past year. This Annual Report shall include (at least) information on restrictive interventions (seclusion, isolation time-out and physical restraint), allegations of abuse, neglect, and exploitation, complaints and grievances, information about the following functional areas:

1. Privileging and Supervision
2. Documentation

3. Incident Reviews
4. Employee Training
5. Risk Management
6. Human Rights
7. Consumer Advisory Board
8. Quality Improvement Committee recommendations
9. CAP Corporate Plan, Strategic Plan, Risk Management Plan, & Technology Plan

XII. CORPORATE CITIZENSHIP

All employees and board of directors members are encouraged to volunteer and participate in their community. A list of board of directors activities are listed with the board minutes and are updated annually.

Attachment 1 Consumer and Caregiver Survey

Date: _____

Your opinions and feedback are very important to all of the staff and board members of Alleghany County Group Homes, Inc. (ACGH). Please take just a few minutes to complete the following survey so that we can determine what we are doing right as well as what areas need improvement.

Please circle the number that best describes your opinion.

1 = <i>do not agree</i>	2 = <i>agree</i>	3 = <i>very much agree</i>
-------------------------	------------------	----------------------------

The services at ACGH meets your expectations.	1	2	3
The services at ACGH have enriched the quality of the clients life.	1	2	3
The staff and volunteers at ACGH treat consumers with dignity, respect and compassion	1	2	3
The staff members at ACGH give privacy to consumers when assisting with personal needs.	1	2	3
Consumers and caregivers are given input in choosing his/her goals	1	2	3
At ACGH consumers are kept safe and free from harm, mistreatment, neglect or exploitation	1	2	3
Consumer and caregivers are kept informed about program rules.	1	2	3
Consumers rights are protected.	1	2	3
ACGH offers quality choices.	1	2	3
ACGH offers appropriate work opportunities.	1	2	3
The ACGH facility is adequate to meet consumer needs.	1	2	3
Consumers and Families are satisfied with transportation arrangements.	1	2	3
I can communicate openly with the staff members at ACGH	1	2	3
I feel comfortable sharing my compliments or concerns with the staff members of ACGH	1	2	3
The staff members of ACGH respond promptly and appropriately to consumer concerns.	1	2	3
ACGH has helped consumers get other services in the community, like a doctor or a dentist.	1	2	3
ACGH services helps consumers be a better person in the community	1	2	3
ACGH clients need the serves provided	1	2	3

Consumer Survey

Short answer:

What do you like most about ACGH, Inc.?

What are your greatest concerns about your future ACGH consumers?

If you could change 2 things about ACGH, what would they be?

1) _____

2) _____

If you have answered “*do not agree*” with any of the statements on page one, please explain.

Thank you for your cooperation and participation in this survey.

Attachment 1 Stakeholder Survey

Date: _____

Your opinions and feedback are very important to all of the staff and board members of ACGH Please take just a few minutes to complete the following survey so that we can determine what we are doing right as well as what areas need improvement.

Please circle the number that best describes your opinion.

1 = <i>do not agree</i>	2 = <i>agree</i>	3 = <i>very much agree</i>
-------------------------	------------------	----------------------------

The services at ACGH meet consumers expectations.	1	2	3
The services at ACGH have enriched the quality of the consumers life.	1	2	3
The staff and volunteers at ACGH treat me consumers with dignity, respect and compassion.	1	2	3
The staff members at ACGH give consumers privacy when assisting them with personal needs.	1	2	3
Consumers are involved in choosing my goals.	1	2	3
At ACGH consumers are kept safe and free from harm, mistreatment, neglect or exploitation.	1	2	3
Consumers are kept informed about program rules.	1	2	3
Consumers' rights are protected.	1	2	3
ACGH offers consumers quality choices.	1	2	3
ACGH offers consumers appropriate work opportunities.	1	2	3
The ACGH facility is adequate to meet consumer needs.	1	2	3
ACGH provides adequate transportation.	1	2	3
Consumers can communicate openly with the staff members at ACGH	1	2	3
Consumers feel comfortable sharing their compliments or concerns with the staff members of ACGH	1	2	3
The staff members of ACGH respond promptly and appropriately to concerns.	1	2	3
ACGH has helped consumers get other services in the community, like a doctor or a dentist.	1	2	3
ACGH has helped their consumers to be a better person at home.	1	2	3
Consumers are not ready to work in a community job with support.	1	2	3

Stakeholder Survey

Short answer:

What do you like most about ACGH, Inc.?

If you could change 2 things about ACGH, what would they be?

1) _____

2) _____

If you have answered “*do not agree*” with any of the statements on page one, please explain.

Thank you for your cooperation and participation in this survey.

Attachment 2
MINUTES – Consumer Advisory Committee –Client Meeting

INSTRUCTOR: _____ DATE: _____

1. **SAFETY SUBJECT:** _____

COMMENTS: _____

2. **GENERAL SUBJECT:** _____

3. **CLIENT RIGHTS SUBJECT:** _____

4. **CLIENT
INPUTS/CONCERNS/COMPLAINTS:** _____

5. **CORRECTIVE MEASURES:** _____

INSTRUCTOR SIGNATURE: _____

REVIEWED BY: _____ DATE: _____

Attachment 3
PRIVILEGING FORM
SUMMARY OF QUALIFICATIONS

APPLICANT: _____ Date: _____

WORK HISTORY AND SUPERVISION:

EDUCATION:

TRAINING:

Attachment 4

**PROFESSIONAL PRIVILEGING
AND SUPERVISION FORM**

EMPLOYEE: Ellen Wright APPLICATION DATE: 28 September 2007

SUPERVISOR: Darlene Douglas, MS, QP, Executive Director

The Privileging Committee has considered your request for privileging and your are granted the following status:

Fully Qualified Developmental Disabilities Professional (QP)

You are privileged to provide the following services:

ADVP, Sam Evans Group Home, CAP, Developmental Therapy

COMMITTEE SIGNATURES:

DATE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach supporting documentation)

Attachment 5

ANNUAL SUPERVISION CONTRACT

EMPLOYEE: _____ SUPERVISOR: _____

POSITION TITLE: _____ POSITION TITLE: _____

PROGRAM UNIT: _____ SERVICE: _____

JOB DESCRIPTION: _____

NUMBER OF HOURS PER MONTH OF DIRECT CONTACT: _____

SCHEDULE: As required

CONTRACT PERIOD: _____

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

Staff who are not a fully qualified professional shall receive one hour per week minimum (based on a 40 hour work week).

Attachment 6

Client Name: _____

Record # : _____

Responsible Professional: _____

Supervisor: _____

Program: ADVP Sam Evans Review Date: _____

Review Type: 30-day Annual Termination

RECORD CONTENTS	Y	N	N/A	COMMENTS/DATE CORRECTED
Allergies listed on the outside of the client record	Y	N	N/A	
Face Sheet that contains the following:	Y	N	N/A	
*Client's full name	Y	N	N/A	
*Client's gender	Y	N	N/A	
*Client's record (case) number	Y	N	N/A	
*Emergency Contact Information:	Y	N	N/A	
- Name: _____ phone #: _____	Y	N	N/A	
- Address	Y	N	N/A	
*Documentation of Disabling Diagnosis	Y	N	N/A	
*Date Enrolled	Y	N	N/A	
*Date Discharged	Y	N	N/A	
*Client's race	Y	N	N/A	
*Client's marital status	Y	N	N/A	
*Client's date of birth	Y	N	N/A	
*Client's preferred Physician information	Y	N	N/A	
- Name: _____ phone #: _____	Y	N	N/A	
- Address	Y	N	N/A	
*Allergies listed on the Emergency Information Sheet	Y	N	N/A	
Consent for Emergency Medical Care	Y	N	N/A	
Current LOE within the last year	Y	N	N/A	
Signature indicating receipt of Client Rights and Client Handbook	Y	N	N/A	
Documentation of screening and assessment (Psychological)	Y	N	N/A	
Current Standing Orders within the last year	Y	N	N/A	
Treatment/Habilitation Plan or Service Plan (IPP)	Y	N	N/A	
Documentation of Services Provided (Goals)	Y	N	N/A	
Documentation of progress towards outcomes (Notes)	Y	N	N/A	
Clients name and record number on each page	Y	N	N/A	
If Applicable:				
Documentation of physical disorders	Y	N	N/A	
Medication Orders	Y	N	N/A	
Orders and copies of Lab Tests	Y	N	N/A	
Documentation of medication	Y	N	N/A	
Documentation of medication administration errors	Y	N	N/A	
Documentation of adverse drug reactions	Y	N	N/A	
Errors in documentation corrected properly	Y	N	N/A	

**ATTACHMENT 7
QUALITY IMPROVEMENT COMMITTEE**

Meeting date: _____ **Members present:** _____

The Quality Improvement Committee meets at least quarterly.

QUALITY IMPROVEMENT INDICATORS:

Informal client surveys: Select one client weekly and present to the committee.
(Attachment 1)

Attendance: Total days of ADVP attendance _____, divided by total days available for service _____, X 100 = % attendance. _____%. Compare with last three quarters: _____, _____, _____ Goal is 80%.

Incident, accident and med error: Compare and look for trends.

Level 1 _____, Level 2 _____, Level 3 _____, Med errors _____ .

Annual or informal Client Surveys: When applicable. Trends?

Annual Family and Stock Holder Surveys:

ATTACHMENT 8 EMPLOYEE SURVEY

Please circle your primary employer at the top left corner of this form.

Check the category that best describes your feelings on the statements in the left hand column.

Very Good	Good	Adequate	Poor	Very Poor
-----------	------	----------	------	-----------

Company benefits as compared to similar companies					
---	--	--	--	--	--

Pay scale as compared to similar companies					
--	--	--	--	--	--

Work environment					
------------------	--	--	--	--	--

Employee morale					
-----------------	--	--	--	--	--

Treatment of employees by supervisory staff					
---	--	--	--	--	--

Team work					
-----------	--	--	--	--	--

Employee input into company planning					
--------------------------------------	--	--	--	--	--

Company goals					
---------------	--	--	--	--	--

Employee understanding of company goals					
---	--	--	--	--	--

Company leadership					
--------------------	--	--	--	--	--

Company ethical practices					
---------------------------	--	--	--	--	--

Other comments or suggestions:
