



Seeing beyond disability.

YAI
2020 Quality Improvement Report
and
2021 Quality Improvement Plan

Introduction

YAI and its network of affiliate agencies offer children and adults with intellectual and developmental disabilities a comprehensive range of services. YAI is committed to seeing beyond disability, providing opportunities for people to live, love, work, and learn in their communities.

Founded in 1957 as the Young Adult Institute, YAI remains at the forefront of an extraordinary movement aimed at empowering people with intellectual and developmental disabilities and their families. YAI's 4,000 employees provide supportive housing, education, medical, dental, and mental health care, job training, community integration, and social enrichment for more than 20,000 people with autism, Down syndrome, cerebral palsy, and all other intellectual and developmental disabilities, and their families, throughout downstate New York, northern New Jersey, and California.

The YAI Network provides comprehensive services to individuals with intellectual and developmental disabilities (IDD) including:

- Residential Habilitation Services – supervised and supportive residences
- Day Habilitation Services – site-based and without walls programs
- Pre-vocational services
- Employment services
- Community Habilitation services
- Respite services
- Primary and Specialty Healthcare services
- Mental Health and Rehabilitation services
- Crisis intervention services – Crisis Services for Individuals with Developmental Disabilities (CSIDD) in New York and START services in California
- Technology services – Center for Innovation and Technology
- Education services – iHope and Manhattan Star Academy (MSA)
- Recreational services
- Family Support services
- Information and Referral services

YAI has been committed to providing the highest quality services, even through the COVID-19 pandemic. The Quality and Compliance Departments continually review guidance from the Department of Health and OPWDD and develop systems to comply with regulations that change constantly, all while caring for the people we support and educating them on how to remain safe and healthy. Infection control practices are continually monitored, with a focus on health screening and monitoring, cleaning, and proper use of PPE. All support and direct service departments have adapted to providing services remotely without sacrificing quality. Even in a pandemic, the primary focus of YAI staff is person-centered services and improving the lives of the people we support.

Overview

YAI implements an ongoing Quality Improvement System that involves every department and every level within the organization. Assisting each person supported in living their best life is considered whenever developing quality improvement initiatives, person-centered activities, staff development plans, and program assessments, and is part of every department within the YAI network.

The people involved in the development of the Quality Improvement Plan and person-centered initiatives include:

- The people we support
- Direct Support Professionals
- QCT regional teams – Quality Resource Managers, Regional Compliance Supervisors, Regional Trainers
- Behavior management and clinical staff
- Regional Nurses and Nursing Supervisors
- Agency/regional leadership
- Person Centered Technology Specialists
- Incident management staff
- Training department staff
- Data and research
- Human resources staff

Quality initiatives are imbedded in every department within the YAI Network and involve all facets of the organization. It includes continual analysis of agencywide systems and practices, and evaluation of the effectiveness of regional and systemwide procedures. Each region has a Quality, Compliance, and Training team (QCT) designed to provide ongoing support and training to program staff and ensure compliance with state and federal regulations. The Director of Quality Enhancement and the QCT teams attend agency and regional leadership meetings regularly, and provide guidance on delivering high quality services, implementing OPWDD guidance, and providing feedback on incidents, program reviews, and other regional challenges.

The agency has a Person-Centered/Quality Improvement Committee made up of program staff, clinicians, support staff, and people we support. The goal of the committee is to identify ways to improve the person-centered practices of the organization, and support service recipients in living their best life. Various workgroups have been developed to identify agencywide goals and initiatives in the areas of training, evaluation, staff retention, technology, and education, with the overarching goal to provide the highest quality services possible.

YAI's training department continually evaluates its practices and develops training initiatives as regulations change and need areas are identified. A major focus of the department has been to identify how to continue to deliver high-quality training in a virtual environment due to the COVID-19 pandemic. Such initiatives have included virtual training in person-centered/POMS, safety protocols/SCIP-R, OPWDD mandatory training, and Abuse Prevention. In addition, the training department has focused on developing travel training models, education around COVID-19 infection control practices for the people we support, and grief resources for staff and people receiving services due to losses during the pandemic. A concept that will be developed over the next year, will be Empowerment Training for program leaders. The goal of this endeavor will be to teach Supervisors and Coordinators the skills they need, but also empower them to make decisions, seek guidance and support, and be accountable for the overall success of the program. As always, the training department at YAI continually provides thorough and relevant external training through YAI Knowledge to ensure YAI's reputation as a leader in the IDD field.

An ongoing initiative has been to provide Person Centered Thinking and Person Centered Planning training for staff at YAI, and to incorporate the Person Centered Tools into the goal setting and service

planning process for the people we support. All staff receive an Introduction to the Person-Centered Practices, and clinicians and agency leadership receive a 2-day training in Person Centered Thinking. Additionally, Behavior Support staff attend a 2-day Person Centered Planning training so they are able to appropriately implement the person centered tools. The desired outcome is to use the person centered thinking tools to create and maintain a person-centered culture throughout the agency. As part of this process, the agency will explore the use of the Progress for Providers Measurement Tool. This tool provides measurement for:

- A clear purpose of the agency's mission
- An agreed way of working that reflects agency values
- People supported knowing what is important to support each other
- Staff knowing what is expected of them
- Staff feeling that they have input into their work, and their opinions matter
- Staff retention and recruitment
- Staff training and development

YAI has always used the feedback received from staff, families, and the people we support as a way to identify areas for improvement and improve the quality of the services provided. Over the last year, the agency has moved the surveys from a paper survey to an online format. This has allowed for a more efficient means of data collection and analysis and allowed respondents to remain anonymous if they choose. The residential survey for the people we support has also been revised to provide more clarifying and discussion questions to ensure service recipients have a full understanding of the questions being asked and can elaborate on their responses. Over the next year the Quality Department will explore various methods to continue to improve the efficiency, accuracy, and overall response rate to the survey process.

The Quality Resource Managers (QRM) are regionally based and tasked with overseeing the overall quality of the services provided in the agency's day, residential, and community-based programs. Over the last year, the department has been working on a process to formally review day and residential programs and identify areas for improvement. The Quality Enhancement Review Tool and Specialized Risk Assessment has been tested over the last year and will be finalized for the 2021 review year. Programs will be reviewed, and formal written feedback will be provided. Program leadership will be expected to address any concerns noted in a timely manner. In addition, as a result of the COVID-19 pandemic, the department developed a variety of review tools and checklists to assess each program's compliance with infection control practices. This review process will become part of the quality review process moving forward.

Identified Areas for Improvement

The COVID-19 pandemic has affected the overall focus of the agency and the timelines of some previously identified goals and quality improvement activities. Maintaining the health and safety of the people we support and staff have become the primary focus, as the agency has worked diligently to improve its infection control practices and implement numerous new regulations from OPWDD and the Department of Health. Agency resources have been focused on education of the people we support, training on proper infection control and cleaning practices, health screening, and continual self-assessment of the compliance with OPWDD COVID-19 regulation. These activities will continue in 2021.

Over the last year some areas of improvement have been identified and will be addressed moving forward in the Quality Improvement plan:

Satisfaction Surveys

- Over the last year, YAI has moved from collecting all survey responses on paper to an online format. This has made for easier data collection and analysis, and a more efficient process.
- Satisfaction survey for people supported in residential – the survey tool was revised to include clarifying/discussion questions for the people we support to ensure a complete understanding of the question and a more accurate response. Clinical staff were trained in how to administer the survey and collect responses. The goal is to have more accurate and honest responses from the people we support and to identify areas needing improvement
- Residential family feedback survey – survey is being launched in a online format with families providing feedback via email for the first time in December 2020. This updated method allows for families to provide their feedback anonymously if they choose and is a more efficient method of data collection.
- Day Habilitation Survey – Due to the pandemic, the Day Habilitation satisfaction survey was put on hold, but will resume in 2021. The process will be revised to allow for a more efficient and effective process moving forward.

Staff Retention and Training

- YAI has a focus on attracting and retaining talented and dedicated Direct Support Professionals (DSPs) for all programs within the organization. Through staff development, recruitment, and training, the agency can best support people in living their best life and achieve their goals in living, loving, working and learning.
- YAI has developed a career track for DSPs. Through training, education, experience, performance, and longevity a DSP1 can be promoted to a DSP2 or DSP3. This creates an incentive for DSPs to move up within the organization, gain more knowledge and experience and reduce staff turnover.
- The training department is working on a revision of the new Supervisors training designed to provide new Supervisors with the information they need to do their job, but also empower them to make decisions, and be accountable for the ongoing success of YAI programs.
- The Human Resources and Clinical Services Departments have held a series of Listening Tours with DSPs. These sessions have giving a voice to the DSPs and provided a safe space where they can share their concerns, ideas, and challenges.
- Much of the last year has been focused on diversity and inclusion activities within the organization. The agency held town hall events where staff could share their concerns and experiences, and a Leadership Summit with a focus on social injustice, equality, and YAI's commitment to diversity and inclusion.

Formalized Quality Reviews and Compliance Audits

- In 2020, the Quality Department developed and tested a Quality Enhancement Review Tool and Specialized Risk Assessment Checklist designed as a formal review process for certified residential and day habilitation programs. In 2021, the tool will be finalized, and programs will receive formal feedback on the results of program reviews
- The Compliance Department completed billing audits and compliance surveys of programs during 2019 and into 2020. The pandemic halted plans for a more formal process in 2020, with

memos providing feedback and deadlines for compliance with guidelines. These activities will continue in 2021

- As a result of the pandemic, the Quality Department developed a COVID-19 Infection Control Review tool, based on OPWDD guidance and regulations. Each program was reviewed on their infection control practices, including health screening, PPE use, and cleaning practices. Quality Resource Managers conducted announced and unannounced visits, as well as desk reviews of required documentation. These activities will continue in 2021

Choking Prevention

- In 2019, the agency recognized the need to examine the number of incidents related to choking (either with known or no known risk) and identify any proactive means to prevent these episodes
- A Choking Prevention Workgroup was created to look at training, levels of supervision, and assessment methods and identify areas for improvement. Workgroup meetings were suspended due to the pandemic, but resumed in November of 2020
- In addition to being reviewed by the Incident Review Committee, the Director of Quality Enhancement reviews all choking incidents and provides feedback to the Regional Director and Chief Program Officer with any concerns or specific recommendations

Policy Committee and the Agency Review Protocol

- Starting in August 2019, under the direction of the Chief Quality, Compliance and Ethics Officer, the agency has been systematically reviewing and revising all agency policies to ensure compliance with the current state and federal regulations. A formal process for the regular review and approval of new and existing agency policies has been implemented. Activities have continued through 2020 and will continue in 2021
- Policies are uploaded to the intranet under the Policies and Procedures tab on YAI Connect to ensure all staff have access to the most current information
- The Director of Quality Enhancement chaired a workgroup designed to review the Agency Review Protocol prior to review by the OPWDD Division of Quality Improvement. Policies and procedures have been developed or updated based on the outcome measures on the review instrument. Activities will continue in 2021

Goals and Objectives

YAI has a constant focus on providing person-centered, high quality services to individuals with intellectual disabilities and their families. Through continually evaluating the organization's service delivery methods, training curriculums, staff recruitment and retention practices, monitoring of compliance and quality standards, and feedback from the people we support, staff, and families, the agency continues to evolve and improve the lives of the people we support.

The Quality Improvement Goals and Objectives chart below outlines the specific goals for 2021. In addition to these stated outcomes, larger and more broad-based initiatives are continually being explored and developed.

Quality Improvement Goals and Initiatives

Annual Quality Reviews, Specialized Risk Assessment Checklists, and COVID-19 Infection Control Reviews

Timeline	Activity	Metrics
2020	<ul style="list-style-type: none"> Implement Quality Enhancement Review and Specialized Risk Assessment tools for certified Day and Residential Programs Analyze effectiveness of the tools and revise as needed Develop formal review and feedback process for 2021 	<ul style="list-style-type: none"> Number of reviews completed Higher percentage of programs with “passing scores per region” Increase in deficiency-free surveys
2021	<ul style="list-style-type: none"> Finalize Quality Enhancement Review Tool and Specialized Risk Assessment Develop scoring system Complete quality reviews, Specialized Risk Assessment Checklists and COVID-19 Infection Control reviews for all certified programs using final tools and scoring methods Provide feedback for program leadership via email outlining areas for improvement and follow up needed 	
2022	<ul style="list-style-type: none"> Complete quality reviews, Specialized Risk Assessment Checklists and COVID-19 Infection Control reviews for all certified programs using final tools and scoring methods Provide program Supervisor, Coordinator, RDD, and RD with final score Provide program leadership with a formal letter outlining areas for improvement with a timeline for completion Quarterly report provided for the CCO and CEO 	

Satisfaction Surveys

Timeline	Activity	Metrics
2020	<ul style="list-style-type: none"> All feedback surveys converted to an online format Residential survey for people we support revised to include clarifying and discussion questions to ensure better understanding and more accurate responses Day Habilitation survey suspended due to COVID-19 pandemic Residential family feedback survey sent to families/natural supports via email 	<ul style="list-style-type: none"> Increased response rate Improved efficiency in data collection and analysis
2021	<ul style="list-style-type: none"> Analysis of residential survey for the people we support to determine effectiveness of clarification and discussion questions. Identification of areas for improvement based on responses 	

	<ul style="list-style-type: none"> • Form a workgroup to investigate options for distribution of Day Habilitation survey to ensure a more efficient process • Investigate methods to improve response rates to staff and family feedback surveys 	
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Person Centered/Quality Improvement Committee

Timeline	Activity	Metrics
2020	<ul style="list-style-type: none"> • Restructure the Person Centered/Quality Improvement Committee with new membership and organization with the mission to identify activities designed to assist people we support with living their best life • Identify workgroups needed for investigation and development of person-centered initiatives • Identify people we support who want to participate in workgroups • Begin exploration of regional and agencywide goals and activities 	<ul style="list-style-type: none"> • Number of person-centered activities implemented • Increased satisfaction for the people we support • Increased satisfaction for staff
2021	<ul style="list-style-type: none"> • Identify regional and agencywide goals, objectives, and metrics related to person-centered and quality-based initiatives • Utilize results from satisfaction surveys to identify areas for improvement and exploration • Implement person centered activities with opportunities for data collection 	

Choking Prevention Workgroup

Timeline	Activity	Metrics
Nov 2020	<ul style="list-style-type: none"> • Restart Choking Prevention Workgroup meetings consisting of quality, nursing, training, clinical and program staff 	<ul style="list-style-type: none"> • Reduction in number of choking incidents
2021	<ul style="list-style-type: none"> • Identify potential risk areas and methods for improvement • Develop tracking systems for people we support at risk for choking within certified settings 	

Policy Committee/Agency Review Protocol

Timeline	Activity	Metrics
2019 & 2020	<ul style="list-style-type: none"> • Develop standardized format for agency policies to be developed, reviewed, approved, and implemented • Create folder on the intranet to house all current and approved policies and procedures • Regularly review and revise policies and procedures based on approved template, process and current 	<ul style="list-style-type: none"> • Number of policies revised, developed, reviewed, and approved • Performance on

	<ul style="list-style-type: none"> regulations Review DQI agency review tool through the Agency Review Protocol committee and identify areas to be addressed Identify content experts to address need areas 	Agency Review survey from DQI
2021	<ul style="list-style-type: none"> Policy Committee to continue review of agency policies and procedures Follow up with content experts on items needed for Agency Review protocol 	

Person Centered Thinking and Person Centered Planning Training

Timeline	Activity	Metrics
2020	<ul style="list-style-type: none"> All new staff receive an Introduction to the Person Centered Practices as part of their initial orientation All clinical and QRM staff attend the 2 day Person Centered Thinking training All clinical staff attend 2 day Person Centered Planning training and become certified as Person Centered Planners One page descriptions developed for all people supported in residential programs to assist with caring for people in hospital settings during the COVID-19 pandemic 	<ul style="list-style-type: none"> Number of people to receive training Outcome on Progress for Providers Measurement Tool
2021	<ul style="list-style-type: none"> Continue Person Centered Thinking and Person Centered Planning training activities for new staff Explore the Progress for Providers Measurement tool to evaluate the use and effectiveness of the person centered tools 	

Center for Innovation and Technology

Timeline	Activity	Metrics
2020	<ul style="list-style-type: none"> Identification of individuals who would benefit from the support of technology in achieving their personal goals Assessment of individuals identified for the SNT Grant with collaboration with Simply Home Discussions regarding Technology Specialists becoming more involved in the development of residential programs Development of Technology Workgroup to investigate ways technology can be integrated into programs to support people in their personal goals, while conserving resources 	<ul style="list-style-type: none"> Number of devices placed with people supported Increased satisfaction for people we support Increased cost savings to the agency
2021	<ul style="list-style-type: none"> Technology Specialists assessing individuals for technology prior to moving into a residence as a means of support 	

	<ul style="list-style-type: none"> Technology Workgroup identifying individuals throughout the organization who would benefit from technology 	
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Empowerment Training – in collaboration with the Training Department

Timeline	Activity	Metrics
2021	<ul style="list-style-type: none"> Develop workgroup to identify training needs for Supervisors and Coordinators regarding empowerment, responsibility, and accountability Work with training department to incorporate Empowerment Training ideals into New Supervisors training Develop training materials and PowerPoint presentations 	<ul style="list-style-type: none"> Increase in deficiency-free surveys Reduction in substantiated/founded incidents Improved medication administration compliance Increased longevity of supervisory staff Increased satisfaction for the people we support
Fourth Quarter 2021	<ul style="list-style-type: none"> Launch Empowerment Training for new supervisors 	
2022	<ul style="list-style-type: none"> Investigate incorporating Empowerment Training into YAI Learn and presenting all supervisors, assistant supervisors, and coordinators Investigate creating a booklet/manual on Empowerment, Accountability, and Responsibility for program leadership 	

Communication

A critical component of the Quality Improvement Plan is effective communication with the people we support, their families and advocates, staff, agency leadership, and the Board of Trustees. Quality improvement goals and person-centered initiatives are communicated across the organization in various ways to ensure day to day activities align with the agency’s mission and quality improvement practices.

The Person-Centered/Quality Improvement Committee meets monthly to report on the progress of the various workgroups in identifying goals and activities designed to assist the people we support to live their best life. Each workgroup is made up of staff from various departments across the agency and includes the people we support. As the needs of the people we support and the challenges facing the organization change, the goals and activities of the workgroups also change to meet these needs.

The Data and Research team analyzes data and compiles quarterly reports and annual trend reports that are shared with the Chief Program Officer, Chief Quality, Compliance and Ethics Officer, Regional Directors, Director of Quality Enhancement, and the Chief Executive Officer. Data is analyzed to identify trends in the areas of health and safety, incident management, and compliance with OPWDD regulation so that methods for improvement can be implemented. Feedback and trends are reported to the agency Board of Trustees on an annual basis.

YAI conducts satisfaction surveys throughout the year with staff, the people we support, and families. The results of these annual surveys are analyzed and shared with department leadership, Regional Directors, Chief Program Officer, Chief Quality, Compliance and Ethics Officer, the Director of Quality Enhancement, and the CEO. Any concerns or needs for improvement are communicated with agency leadership and followed up on promptly.

Throughout 2019 and 2020, the Compliance and Quality Departments initiated a formal review process for site-based and non-sited based certified programs throughout the organization. Although the COVID-19 pandemic slowed the progress related to these reviews, these activities remain a priority. The Compliance Department conducts regular billing audits, and provides feedback to the program leadership, Chief Program Officer, Chief Compliance and Ethics Officer, and the CEO. Regional Compliance Supervisors and the Regional Compliance Manager investigate compliance related incidents. The Quality Resource Managers conduct formal quality reviews of each certified day and residential program, specialized risk assessments, and COVID-19 infection control compliance reviews regularly, and report findings to agency leadership. All concerns are followed up on promptly.

Information related to the Quality Improvement activities of the organization are also communicated through regular agencywide and regional leadership meetings. The Chief Program Officer conducts weekly leadership meetings where activities related to program development, person-centered initiatives, infection control practices, updates related to COVID-19, training, compliance and quality are discussed. In addition, the regional QCT teams participate in regional leadership meetings to provide feedback from program reviews, regional trends, updated OPWDD guidance, and answer questions related to the quality improvement initiatives of the organization. In 2021, the Quality Department will also communicate with staff on a quarterly basis via email – Quality Corner – to report on the initiatives in the Quality Improvement Plan, progress on regional and agencywide activities, trends noted from formal quality reviews, and updates on OPWDD guidance and regulation.

Quality Improvement Plan Approval

The YAI Quality Improvement Plan is developed through feedback from the people we support, clinical, nursing, program, compliance and quality staff and reviewed by the Director of Quality Enhancement and the Chief Quality, Compliance and Ethics Officer. Goals and metrics are determined based on activities identified through the Person Centered/Quality Improvement Committee and workgroups, feedback on satisfaction surveys, compliance and quality reviews, identified trends and other various agencywide initiatives. The goals stated in the Quality Improvement plan are all designed to assist the people we support with living their best life, while maintaining their health and safety.

Progress on quality improvement goals and outcomes are measured through various means. Higher levels of overall satisfaction, reduction in reportable incidents, fewer Statements of Deficiencies from program surveys, improved performance in quality and compliance internal audits, reduction in medication errors, 911 calls, falls and choking incidents, and staff retention all speak to the effectiveness of the agency's Quality Improvement plan. Metrics are measured and analyzed on a quarterly and annual basis, and goals are adjusted based on outcomes and feedback from the people we support, families and staff.

The Quality Improvement plan is reviewed, in its entirety, on an annual basis by the Director of Quality Enhancement and the Chief Quality, Compliance and Ethics Officer. The plan is adjusted based on the outcome measures identified, the everchanging needs of the people supported and organization, the

available resources, and OPWDD regulation and guidance. The plan is presented to the agency Board of Trustees on an annual basis for review and approval and posted on the intranet. As always, the focus of the Quality Improvement Plan is to assist the people we support with achieving their personal goals and aspirations, and overcoming any challenges identified.