

Adirondack Arc

Quality Improvement Plan (QIP)

INTRODUCTION

The Adirondack Arc is committed to providing high-quality services to individuals with developmental disabilities by fostering dignity, respect, inclusion, and meaningful opportunities. We strive to ensure that each person we support is empowered to live a full and meaningful life through comprehensive, individualized supports.

Achievement of this mission requires a coordinated and collaborative effort among employees, families, board members, and community partners. Employees are expected to demonstrate competence within their respective roles, understand the functions of their programs, and recognize how those programs integrate within the broader organizational structure.

Through consistent leadership, accountability, and teamwork, the agency creates environments that promote personal growth, safety, and the achievement of individual goals.

Mission

To provide opportunities for people with developmental disabilities to live a full and meaningful life through improved support in all areas of life.

Vision

All people are treated with equality, dignity, and respect.

QUALITY IMPROVEMENT FRAMEWORK

The Quality Improvement Plan (QIP) establishes a structured process for ongoing data collection, review, and performance analysis. Data is reviewed annually to determine whether modifications are necessary. The QIP is formally reviewed and updated at least every three years and presented to the Board of Directors for approval.

The QIP focuses on the following outcome areas:

- Individualized supports, planning, and service delivery
- Protection of health, safety, and rights
- Family and community inclusion

- Workforce performance and development
 - Continuous quality improvement
 - Governance and leadership effectiveness
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KEY QUALITY INDICATORS & ACTIONS

OPWDD Bureau of Program Certification Reviews

The agency monitors all OPWDD surveys, Statements of Deficiency (SOD), recommendations, corrective actions, and 45/60-day letters.

When deficiencies are cited:

- Program leadership develops a comprehensive Plan of Corrective Action (POCA).
- The Chief Executive Officer reviews and approves all POCAs before submission.
- Findings are communicated to Executive Staff, the Board of Directors, and the Corporate Compliance Committee.
- Serious deficiencies (45/60-day letters) are immediately reported to The Arc New York State Office.
- Survey data is aggregated and trended for performance analysis.

Oversight responsibility:

Director of Residential Services, Chief Operating Officer (COO), and Associate Executive Director of Corporate Compliance.

Chapter Special Review Committee (Incident Management)

The Adirondack Arc maintains a rigorous incident reporting and investigation system in compliance with 14 NYCRR Part 624.

Key components include:

- Mandatory staff training on incident reporting and abuse prevention.
- Credentialed investigators assigned to allegations of abuse or neglect.
- Review and approval of investigations by the Incident Management and Quality Director.
- Monthly review of cases by the Incident Review Committee (IRC).
- Documentation in OPWDD's IRMA system.
- Trend analysis and corrective action tracking.
- Annual incident trend report presentation to leadership and the Board.

Oversight responsibility:
Incident Management and Quality Director and COO.

External Quality Reviews (Non-Regulatory)

The agency has maintained continuous accreditation with the Council on Quality and Leadership (CQL) since 1991.

External reviews include:

- CQL reaccreditation assessments
- Implementation of recommendations
- Written responses to findings
- Communication of results to Executive Staff and the Board

Oversight responsibility:
CEO, COO and Director of Quality Enhancement.

Internal Self-Audits and Compliance Reviews

Based on risk assessments and operational needs, internal audits are conducted for:

- High-risk programs
- New programs or management
- Sites with prior survey findings
- Billing Trends
- Government Workplans

Activities include:

- Annual internal site surveys
- Medicaid recertification review
- Monitoring of professional licensure and certifications
- Tracking corrective actions in POCA database
- Reporting findings to Executive Staff and the Board

Oversight responsibility:
Associate Executive Director of Corporate Compliance and Privacy.

Satisfaction of People Supported

The agency collects satisfaction data annually from:

- Individuals receiving services
- Family members and guardians
- Advocates

Survey results are:

- Reviewed at Life Plan meetings
- Analyzed for trends
- Shared with Executive Staff and the Board
- Used to inform corrective actions and system improvements

Individual-specific concerns are addressed promptly by program leadership.

Oversight responsibility:

Director of Residential Services and Incident Management & Quality Director.

Employee Satisfaction

Employee feedback is gathered through:

- Staff satisfaction surveys
- Focus groups
- Frontline supervisor engagement

Results are reviewed by Executive Leadership and the Board and inform:

- Retention strategies
- Workforce development initiatives
- Training enhancements

Oversight responsibility:

Director of Human Resources and COO.

CQL Person-Centered Excellence Accreditation/Factor 10

The agency maintains CQL Person-Centered Excellence Accreditation through:

- Personal Outcome Measures (POM) interviews
- Basic Assurances Self-Assessments
- Biannual data analysis
- Workgroup review structure

At least two staff members maintain CQL Interviewer certification.

Findings guide individual planning and organizational improvement. Data is collected from POM interviews, support databases, and satisfaction surveys to analyze quality and improve lives and supports.

Oversight responsibility:
COO and Supervisor of Quality Enhancement.

Human Resources Quality Indicators

The agency monitors:

- Staff retention and turnover rates
- Vacancy rates (DSP and management)
- OSHA-reportable injuries
- Staffing adequacy
- Competency-based training compliance

Training includes:

- Abuse prevention
- Human rights
- Emergency response
- Medication administration
- CPR/First Aid
- Investigator training
- Ethics and code of conduct

Performance evaluations and training compliance are tracked monthly.

Oversight responsibility:
Director of Human Resources, COO, and Director of Residential Services.

Board Governance & Oversight

The Board of Directors provides active governance and oversight through:

- Review and approval of the QIP
- Participation in incident review structures
- Site visits (announced and unannounced)
- Review of internal and regulatory survey trends
- Review of staffing adequacy and workforce development
- Annual review of Code of Conduct
- Review of ethical standards and compliance systems
- Oversight of self-advocacy and stakeholder engagement efforts

The Associate Executive Director of Corporate Compliance ensures annual reporting to The Arc New York State Office and updates to compliance policies.

2025 QUALITY REPORTING DATA DICTIONARY Arc New York indicators

The agency tracks quarterly and annual indicators across the following domains:

General Operations

- Total employees (full/part-time)
- Individuals served (unduplicated)
- Individuals residing in IRAs and ICFs
- Employment outcomes
- Vacancy and turnover rates (DSP and management)
- Emergency Room visits

Regulatory Compliance

- OPWDD Bureau of Program Certification surveys
- Plans of Corrective Action
- OFPC surveys
- 45/60-day letters

Incident Reporting

- Reportable incidents (Abuse/Neglect)
- Substantiated investigations
- Injury reporting (14 NYCRR Part 624)

These indicators are reviewed quarterly and annually to identify trends, evaluate risk, and inform strategic quality improvement initiatives.