



## **POLICY 1.N. Performance Improvement**

The purpose of this policy is to have the nature of continuous improvement in a CARF-accredited organization that sets us apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through AID of Indiana's programs and services.

### **Performance Analysis Report (Annual Management Summary)-2021:**

AID of Indiana Fort Wayne, IN

#### **Introduction**

AID of Indiana is dedicated to a process of continuous improvements of our organization's business functions, services and programs based on the collection of information and data that are reliable, valid, and specifically linked to the indicators contained in this report. AID of Indiana seeks to:

#### **Address Identified Needs to Improve:**

- Improve the organization's business functions and fiscal stability;
- Improve the effectiveness of services and program delivery;
- Improve the access to AID of Indiana's services and programs
- Improve Customer and Stakeholder satisfaction with our efforts

This report is intended to satisfy the CARF requirements for an annual "performance analysis" used in the annual review of the organization's strategic plan. Copies of this report are distributed to members of the organization's leadership and made available to clients and staff.

Completion of this report included the review of a number of different performance indicators (summarized below) and, a formal review of the organization's mission statement and core values by leadership. The current mission statement and core values was deemed appropriate for the current employee climate and current population of persons served by the organization. This includes the demographics and diversity amongst both groups. The mission statement was found to be accurate and without need for revision. The mission statement will be formally reviewed at the end of 2021 when the next annual management summary is completed.

This summary also includes a written description of the organization's outcomes management system, Performance Improvement, Strategic Planning, Organizational Advocacy, and Financial and Resource Planning.

**Background:**

The majority of AID of Indiana's functions, operates on a fiscal year which begins January 1 and ends December 31. The organization will compile end of year data, summarize it in an annual management summary, "Performance Analysis", during November and December timeframe and use the summary for "Strategic Planning" purposes for the following year.

**Overview of Data Collected By the Organization:**

AID of Indiana collects and analyzes data/information, all dedicated to Performance Improvement, from a number of different sources including, but not limited to:

1. Financial information including monthly reviews of the organization's financial performance by the organization's leadership;
2. Accessibility status reports as a way to monitor any potential barriers to treatment and to identify necessary corrective actions;
3. Resource allocation as needed to maintain continuity of care and ensure that the staff have the tools and resources necessary to provide quality care and execute jobs at a high level of standards;
4. Annual risk management assessments to identify potential risks and opportunities for the organization;
5. Analysis of personnel (human resources) trends related to recruitment, retention and turnover;
6. Technology assessments to ensure that the organization benefits from information technology and possess the "hardware" necessary to support the accomplishment of the organization's mission;
7. Reports from internal and external health and safety inspections and tests of emergency plans and procedures;
8. Field trends as they are reported to us by DDRS, trade publications, trade associations, accreditations surveyors and other providers;
9. Outcomes management questionnaires completed by clients;

10. Stakeholder input questionnaires completed by clients, staff and other interested stakeholders;
11. Informal feedback from clients and staff
12. Informal client complaints and grievances;
13. Incident reports;
14. Feedback/results from national accreditations surveys; and
15. Feedback/results from regulatory/licensing visits and inspections

### **Prioritized Strategic Targets and Objectives – 2021 to 2022**

The organization established the following strategic goals and objectives for 2021-2022

**PRIORITY 1:** Improving Program Quality by ensuring policies, procedures, plans, forms and other documents are consistent with CARF's standards for Residential and Community programs and, by continuing to integrate the standards into all aspects of daily operations; and by Improving Problem Identification and Referral of Employees needing to be screened.

**PRIORITY 2:** Hiring and Retaining employees that comply with AID of Indiana's high standards, upholds the mission statement and core values.

**PRIORITY 3:** Increased the effectiveness of our efforts in the Residential and Community Integration by raising awareness of recognizing and reporting true and accurate reports of abuse/neglect/exploitation. Developing and enhancing relationships between the managers and the staff to ensure collaboration and compliance.

**PRIORITY 4:** Health and Safety measurement improvements to reduce the risk of medication errors. Improving staff training and education in the importance of compliance to adequate and strict medication passing procedures.

**PRIORITY 5:** Improving Financial Budgets within the Departments to reduce waste and unnecessary spending. All budgets are to be tracked by each department head and monitored by the finance department to ensure the organization remains fiscally responsible.

## **Strategic Targets and Objective Analysis**

PRIORITY 1: As of this date of this summary, we have attained CARF accreditation and are due for re-accreditation in July 2021. We continue to work diligently to ensure that we are operating in “significant conformance” with the majority of CARF’s standards however recognize that as a less seasoned, learning and growing organization, we need to continually utilize the standards as a part of our ongoing quality improvement process. In keeping with CARF requirements, AID of Indiana has standardized forms (Policies and Procedures) to be used by ALL Employees and Administrators.

PRIORITY 2: AID of Indiana continues its pursuits in hiring and retaining quality staff. In our pursuits to educate job seekers in this particular field a marketing company has been hired to assist with outreach in the community. Awareness of how a DSP can make an impact on the lives of people with IDD will make an impact on further acquirements on how this may a be a long-term career route. By conducting marketing, outreach and community education efforts to reduce the stigma associated with people with Intellectual and Developmental Disabilities, AID of Indiana believes that reaching out beyond the IDD field will reach a larger employment base. Target to increase retention rate to 75-80%

PRIORITY 3: AID of Indiana operates in the conformance with all State and Federal requirements. These requirements require adequate, timely and true reporting on abuse/neglect/exploitation. Quality Assurance Committee and Program Directors will continue to monitor and review all Incident Reporting and Investigations on allegations substantiated or unsubstantiated by Peer Reviews and look for trends that are reported monthly by BQIS (Bureau of Quality and Investigation Services). The monitoring and review of the Incident Reports in real time and in quarterly review of trends will assist in identifying trends and coming up with a quick and sound solution to decrease allegations of abuse/neglect/exploitation. Decrease substantiated allegations to less than 60%.

PRIORITY 4: Wellness/Nursing Department/Health Administration in the efforts to reduce Medication Errors will conduct a monthly report of all medication errors to look for trends. Depending on the outcome of the trend in medication errors. An increased effort to train and educate the staff on medication administration will occur. A trend

depending on the nature of the med error may trigger a change in policy and procedure that will be reviewed, updated and given to the nurses to retrain and give increased support to their staff to reduce medication errors. Awareness of the dangers of medication errors will be emphasized at every Inservice by the nurse during medication administration check offs. Target is to reduce medication errors by 20%.

PRIORITY 5: Finance Department has assessed spending within the departments from 2020. With the assessments and analysis has come up with each department's monthly budgets for 2021. The goal to remain fiscally responsible starts with each department head knowing their budgets and tracking them along with the Finance Department's diligent data entry and monthly reviews. The target is to be below 10% of the total budget at the end of the year in comparison to the spending in 2020, keeping each department responsible for making smart spending decisions. This includes tracking their inventory and understanding where the majority of their spending is deriving.

### **Financial and Resource Allocation Perspective**

The organization does depend on revenue from services rendered to sustain its operations. The organization has developed a "target budget" as a way to support compliance with CARF's fiscal standards and to identify basic funding needs for AID of Indiana. To stay within budget will demand creativity in order to meet the organization's targets and objectives. If an emergency or catastrophic event occurred, continuity of operations would not be impacted due to the state and federal government's contingency plan, and that of the organization. AID of Indiana is funded through the Medicaid Waiver Program provided by the State of Indiana and supported by funding from Federal Grants. The financial oversight of Appropriated Funds has strict state and federal guidelines. AID of Indiana maintains funding and operational accounting control and internal auditing requirements. AID of Indiana meets with the CPA and Finance Department every 6 months to oversee the budgets, P&L and Balance Sheets. AID of Indiana will also have an independent third-party Financial Reviewer, review all finances annually.

### **Accessibility Status**

An Accessibility Status report on the office building 1004 Woodland Plaza Run and 24 Hour residential service sites was conducted by an external Insurance Auditor on January

18, 2021, and Case Managers on various dates. Accessibility recommendations were not recommended at this time. However, AID of Indiana will be building a new ADA accessible building across the street from its current location. In the meantime, should a client require assistance or is unable to access our building, for any reason, we will make whatever accommodations necessary, within reason. i.e. having cups available if someone cannot access the sink for water, holding the door open for the North and South entrances of the current building, that does not have a handicap automatic door. Currently only the middle entry door has a handicap automatic door opener.

### **Risk Management**

AID of Indiana is committed to long range planning to ensure service continuity and to a formal periodic risk management process as a part of the strategic planning process.

Areas assessed:

1. Identify any loss exposures,
2. Analyze and evaluate loss exposures,
3. Identify a strategy to rectify identified exposures,
4. Implementation of actions taken to reduce risks,
5. Monitoring of actions taken to reduce risks,
6. Report results of actions taken to reduce risk,
7. Implement any necessary changes as may be dictated by a changing service and/or business environmental to ensure the inclusion of risk reduction in all quality/performance improvement activities.

The Program Directors and other Administrators or designee is responsible for an annual risk management assessment and compiling the findings for inclusion in the organization's strategic planning and daily operations. The formal Annual Risk Management Assessment for 2021 was conducted in accordance with the AID of Indiana's policy on risk management and CARF's accreditation standard.

The findings or assessments considerations conclude that there were no significant

changes in the demographics or cultural characteristics of persons served. An audit that was taken from the DDRS Case Management Portal to create a client census for 2021 was used to identify demographic, cultural, gender, and diagnoses trends and changes was completed to ideate our final conclusion. The main finding of concern is the lack of personnel needed to effectively complete the mission of AID of Indiana. Currently, there is a global pandemic, COVID-19, that hinders AID of Indiana's hiring abilities, and the ability to have healthy employees that are not in a 10-to-14-day quarantine due to positive test results. Before implementation of CARF accreditation and the additional requirements added by AID of Indiana, current employees are adequately covering the program without too much emphasis placed on lack of services needed or lack of the quality of services needed. As AID of Indiana continues its efforts in enhancing and standardizing the programs, the depth and breadth of responsibilities continue to increase, placing excessive strain on the staff and limits on what the program can offer. Client care will continue to be priority one; however, aspects of the program may suffer until the pandemic is over and we have a stronger healthier workforce and people looking for employment and are willing to attempt a career in this particular field. At this time, management is working to hire additional staff above the current ratios of the waiver program requirements to ensure that all needs are met if an employee or an employee's family tests positive for COVID-19.

Assessment of reasonable security for staff and customers is adequate. The residential sites are located in well lit, nice suburban subdivisions and apartment buildings. All sites are monitored by management which controls access to the client's private residence and staff are trained to only grant access to only approved visitors. It is a Rights Restriction to have cameras in or outside the residence without HRC approval and approval from the client's teams. All visitors are to sign the Visitor's log, indicating their time, date, and who they are visiting in the home and the purpose of the visit. AID of Indiana also maintains a policy on work place violence. This policy has been in-serviced with all employees and implemented. The main office of AID of Indiana has cameras, a visitor's log, and also follows all policies and procedures pertaining to outside visitors and work place violence.

Actions being implemented to ensure viability of AID of Indiana, are preparing for the

CARF survey reaccreditation, reviewing client's services, administrative and clinical, for quality control and client satisfaction, along with employee satisfaction.

At this time, there have been changes in Administration. Within the last month, and additional Program Director, Program Manager, Human Resources Assistant, Office Manager and Assistant Executive Director became a welcome addition to our team. This will help stabilize recent employee turnovers, and free up management to be able to combat employee dissatisfaction in communication and organization.

### **Health and Safety Report**

As a CARF-accredited organization, the Health and Safety program maintains all internal and external inspection reports for the organization's sites and office building. Between the multiple internal and external health and safety inspections, we are reasonably confident that we have a formal system that will continue to address health and safety issues on a regular basis. From the start of the pandemic, a pandemic and a specific COVID-19 policy and procedure was created and implemented. This is the newest addition to the organization's extensive health and safety policies that are under section 1.H. Health and Safety CARF standards. AID of Indiana has not experienced any incidents or injuries over the last year that were within our axis of control. The reviews of client accident and injuries are completed quarterly in relation to State reportable incidents, and Workers Comp claim reviews are completed quarterly in relation to reported cases to mcim, the organization's Workers Comp Insurance Provider, for employees. The reviews will continue to be conducted quarterly as a way to highlight the need for timely changes or updates to policies and procedures.

CARF requires that there are written emergency procedures and unannounced drills to be completed. This is done monthly. This will address procedures for:

1. Fires
2. Bomb Threats
3. Natural Disasters
4. Utility Failures
5. Medical Emergencies

6. Violent or other Threatening Situations
7. Stay at Home Orders from State and Government Officials

The unannounced tests were performed followed by after-action reports on the response to the drills. Trainings were conducted that addressed individuals' roles and responsibilities, notification procedures, emergency response procedures, evacuation, accountability procedures, emergency shut downs, information about threats, hazards, and protective actions, and means for contacting, teams, and guardians in an emergency. In addition to the required test mandated by CARF, the Health and Safety program continues their commitment with providing consistent and rigorous training annually and as needed.

### **Human Resources**

Over the last year, there have been many changes to the duties of Administration and DSPs. AID of Indiana decided that in order to provide a stronger continuity of care system, all Administrators would also need to be available to perform the duties of the DSPs at 24-hour Residential sites if necessary. This was made evident under the current climate instigated by the Pandemic, COVID-19. This allows us to fill empty shifts and provide continuity of care if short staffed in relation to a positive COVID-19 test from an employee or employees assigned to a 24-hour Residential site.

As required by CARF, all mandatory trainings have been fulfilled through AID of Indiana's In-services. This is maintained and accounted for on a training spreadsheet that management will continue to incorporate desired training outcomes of staff. Comprehension is identified by utilizing the Comprehension Evaluation Assessments and testing of every Policy and Procedure.

In order to retain staff and reduce turnover, the staff are compensated well as compared to other Providers in the area. AID of Indiana assesses Over Time reduction and in correlation, pays that back to the staff in bonuses and pay raises. AID of Indiana provides Vacation Benefits, Medical Benefits, Dental and Vision Benefits, along with paying 100% of Disability Insurance when an employee is out for illness or medical procedures that will keep them off of work for an extended period of time. In addition

Holiday pay is paid out to Nationally recognized holidays as long as the employee had worked the day of the holiday.

## **Technology**

The Technology and Information Systems Plan was developed in response to the CARF accreditation standard that requires accredited organizations to formally document their plans regarding technology and information systems. There have been no changes in the past year. AID of Indiana continues to use Therap for secured communication with staff, and continues to use its own Google Business Account for secured communication and Cloud Drive Security.

## **Results of Outcome Management System**

The organization has developed and implemented a simple outcomes management system that measures effectiveness, efficiency of services, access to services and client/employee satisfaction. Surveys/Questionnaires to collect outcome data are distributed to each client and employee through Survey Monkey. These surveys are anonymous and are completed on-line. Once all the data is collected it is assessed by the management teams and analyzed for solutions. The data of findings and the solutions to the outcomes of the surveys are distributed to the clients and the employees. We recognize that CARF requires four collection points. This is done within the quarters of the year for employees and completed annually by clients. Efficiency is used to measure service utilization. Services access is a measurement of the time taken to access services and length of services provided. The organization measures client caseload as its primary measure of business efficiency. Satisfaction and other feedback considerations of the clients and stakeholders' perception of services received. Satisfaction is a subjective measurement of "self-report" by clients and reflects a number score relative to satisfaction with services received. The effectiveness, service access and satisfaction "benchmarks" we measure are listed on our outcome's management questionnaire. We measure efficiency separately by monitoring program and nursing caseloads and financial performance.

During fiscal year 2020, there were 4 Employee Satisfaction completed and one

Customer and stakeholders survey completed.

- How likely is it that you would recommended this company to a friend or colleague: 100% marked “9” Extremely likely
- Overall, how satisfied or dissatisfied are you use to describe our services? 95% Satisfied
- Which of the following words would you use to describe our services? Useful 90%
- How well do our services meet your needs? 95% Extremely well
- How would you rate the quality of services? 95% High Quality
- How responsive have we been to your questions or concerns? 95% Extremely responsive
- How long have you been a customer of our company? 75% 3 or more years

### **Quality Indicators for Screening/Assessment and Referral**

**Efficiency Indicator:** AID of Indiana measures efficiency per measurement of Program Managers and Nurses to client caseloads. Quality assurance measures this ratio by indicating that we served our clients without disruption 100% of the time. Due to small caseloads, which is one Program Manager and One nurse per 4 houses with a maximum of 95% of our residential homes 1 to 3 clients per home a maximum of 21 clients per two managers, programming and nursing.

**Effectiveness Indicator:** AID of Indiana looks at client awareness of services and the impact on their daily lives. The benchmark for AID of Indiana is 85% positive. The goal for 2021 is to exceed with positive results of 95%

**Access Indicator:** AID of Indiana looks at the average wait time for a person to be assessed for services. The benchmark established for AID of Indiana is that a person will be scheduled and seen for a meet and greet or assessment within 5 days from the date of referral, and if appropriate for services set a transition date within 30 days. This benchmark is in alignment with BDDS (Bureau of Developmental Disabilities Services). This goal was not achieved in 2020 with an average wait time between 14 and 31 days for meet and greet, assessment and transitioning. Barriers to this goal was hiring appropriate staffing. Goal for 2021 is to be within the ranges as stated at least 90% of the

time.

### **Satisfaction Indicator:**

AID of Indiana looks at the client's satisfaction by how they feel about their services received and if they would recommend our services to others. The benchmark for AID of Indiana is to obtain a 90% approval rating on satisfaction surveys. Surveys are offered to all of our clients that utilizing our services. The goal was met for 2020 with a positive satisfaction result of 95%. The goal for 2021 is to continue to reach 95%

We recognize that the accuracy of client "self-reported" surveys is an extenuating factor in the analysis of outcome data. Further, we recognize that the clients may give answers that do not reflect their true feelings due to not wanting to hurt the manager's or staff's feelings. In order to remove or reduce this influence; we have begun asking clients to complete the survey with their guardian or another outside team member not associated with AID of Indiana. Finally, the way in which clients complete the questions on the survey can impact data analysis.

### **Summary of Stakeholder Input**

AID of Indiana has established and implemented a system for requesting stakeholder input that conforms to CARF's standards. Specifically, we have developed a "Stakeholder Feedback Survey" for this purpose. This performance analysis provides the first opportunity to formally evaluate the input and consider the data. Stakeholder surveys were electronically distributed to approximately 200 guardians, clients, case managers, and other outside providers. The amount of surveys returned was approximately 75% with a 95% positive satisfaction result.

Other Primary Statements Under Comments, Questions and Concerns on Survey include:

- The Company should add more services,
- Community Engagement needs more communication and supports from management,
- The State of Indiana should provide more funding for one on one services,
- Employee hourly rates should be increased,

- Can the company do something about turnover,
- The company should advertise more

On an informal basis, the Program Managers and Nurses frequently interact with the clients and their leadership, for the express purpose of collecting client and stakeholder feedback and to foster a positive rapport. Our clients consistently report that they appreciate the quality of services provided by staff and feel like the staff truly care for them. We will, however, continue to emphasize client and employee satisfaction through High Standards. This is a weekly mantra at all management meetings.

### **Prevention**

AID of Indiana believes, as stated by CARF, that “effective programs are proactive and evidenced based/informed and strive to reduce individual, family and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive wellness (health and safety), through a team collaborative approach”. AID of Indiana recognizes that the critical component of having adequate policies and procedures along with great in-servicing/training with comprehension plays in the success of the programs and services provided by our organization.

AID of Indiana believes that as a member of the community, both within our field and in public is our responsibility to contribute when and where possible. We have participated in Autism Awareness Expos, DisAbility Expos and in fundraisers for Mental Health America, GIGI’s Playhouse, the League of the Blind, and Easter Seals Arc. We share all events physical and virtual for awareness on our Social Media Pages and Monthly Newsletters. We provide information to the community of the Waiver services and how it works through radio advertisement and public meetings. We have helped families maneuver through a complicated system that can have an array of red tape causing frustration. We take the time and opportunity when presented to get out and talk with the community through church related events and other events to distribute information. This has resulted in many families to be able to provide Preferred Care Giver Services to their loved one, without having to sacrifice their loved one leaving their family homes.

### **Quality Indicators for Prevention:**

#### **Effectiveness Indicator:**

AID of Indiana measures effectiveness of quality by the number of referrals for services.

And by the number of employees, we are able to retain.

1. For the past 3 years we have gone from 1 to 2 referrals a month to approximately a maximum of 10 referrals a month.
2. Recognizing the need for training and thorough education to specifically address confidence our staff need to be successful in this field as a DSP.

**Efficiency Indicator:**

AID of Indiana measures efficiency by consistency and continuity in care, This is measured by looking at decreased numbers in incident reporting and decreased numbers of corrective actions in relation to violations in policies and procedures.

**Access Indicator:**

AID of Indiana measures access ensuring that 90% of our employees feel that the in-services and training information that are given is presented in an understandable format, location of these in-services/trainings are within reasonable distance or at their service locations if applicable and dates and times are accessible. This information is obtained by Human Resources by obtaining from the Program Managers and Nurses the signed in-services turned into them monthly. Tracking is a continuous barrier.

**Satisfaction Indicator:**

AID of Indiana measures satisfaction by knowledge gained about benefits and resources. Information for program satisfaction is obtained by Human Resources through surveys quarterly and through Employee Assemblies. The benchmark for satisfaction is an approval rating of 85% of participating employees who participate in the surveys. Results of last survey was 90% satisfaction. We continue to compare this with turnover, to see if this is a truer reflection of employee satisfaction.

**ACTION PLAN AND AREAS NEEDING PERFORMANCE IMPROVEMENT**

1. We recognize that we need to continue to focus on the collection of outcome data. Not only do we need to focus on the collection of outcomes, however do a better job of asking questions that accurately reflect the information needed to make a better assessment of our programs and employee satisfaction.
2. AID of Indiana is dedicated to “higher standards” of excellence in services offered to our clients and a great work environment for our employees. We will

continue to work on ideas and solutions that require innovative and collaborative brainstorming.

3. Another area in Prevention requirements is improvement on being able to successfully meet our objectives in our plans. To continuously work on the things that are brought to our attention that have not been resolved with positive results.

## **USE OF THIS PERFORMANCE ANALYSIS**

We view the completion of this performance analysis as an opportunity to formally review our mission statement and core values, and to improve the quality of services to our programs and our commitment to our employees. In the truest sense, this analysis report represents a broader view of our organization and provides Administration with the opportunity to objectively evaluate what we do and how we do it. It also provides a practical reminder to review and/or update our strategic plan each year. Finally, the preparation of this performance analysis provides the momentum for leadership to evaluate its decision-making processes and determine if changes are necessary for the success of the organization and its policies and procedures.

We have specifically prepared this summary to be read in a manner in which anyone reading it can comprehend its content. This document communicates performance information in an accurate and honest manner with the information and facts presented to Administration. It is clear, concise, honest and understandable. We take pride in believability and transparency in all aspects of this organization.