

Unique Caring 2021 Performance Improvement Plan

Mission

The Unique Caring's mission is to empower individuals with special needs by offering quality programs and services that will educate, assist and prepare them to live and compete in the 21st global community.

Service Philosophy

Individuals should have meaningful input into the design, planning and services they receive. Unique Caring believes that the key to recovery is instilling hope and a positive sense of self-worth and outlook to the future, while focusing on the client's strengths and helping to empower them to fulfill a meaningful role in life. Our treatment and services are built around meeting the needs of the consumers that are serviced. Unique Caring services are assessable, timely, consumer-driven, outcome oriented, cultural and age appropriate, and are built upon where the consumer needs are and their strengths.

Our Community is our top priority. Because we live, work, and play here, we embrace the demands and challenges that the clients face. It is our duty to build a network of quality services using the guidance given to us by consumer stakeholders, their families, advocacy groups, and other providers.

Our commitment is to our consumers, our staff, and our partners. We are dedicated to improving quality of care, accessibility, and collaborative relationships within our area and beyond. We understand the importance of timely and fiscally responsible services.

Our compassion is demonstrated by ensuring that individuals and families who seek services are treated ethically and professionally and with the highest degree of dignity and respect. We believe persons experiencing mental health, developmental disabilities, or substance abuse issues should be empowered and inspired to achieve their highest potential.

Our Values

The Unique Caring embraces the following values and principles:

- Informed client and family choice;
- Assisting and enabling in managing their own lives;
- Clients priorities must drive the involved professional's priorities;
- Support and assistance must be offered in the least restrictive and community based environment;
- Culturally aware, sensitive, and proficient services must be made available or developed;
- Person-centered services with realistic, achievable, measurable outcomes are essential to respond to an individual's unique needs;
- Client and family strengths must be a component of each goal and objective in order to foster and facilitate individual empowerment (through successful achievement of objectives and goals);
- Recovery is both an achievable goal and a lifelong process;
- Proactive crisis planning and intervention is more responsible than reactive crisis management;
- Transitional planning and discharge planning must start on the first day of services;
- Barriers can be overcome;
- Each of us is a citizen first and foremost;

- Family and community strengths must be a component of each person-centered plan in order to foster interdependence, empowerment and choice. Institutional dependence is not an acceptable outcome;
- Confidentiality;
- Inter-agency collaboration;
- Client Rights;
- Inter-personal respect.

Overview

The following plans below are included as part of The Unique Caring’s business improvement plans and are available on our Share Drive. The Executive Director and Quality Assurance Committee reviews the standards of accreditation annually to ensure that we continue to meet the standards for all plans. Plans are reviewed and analyzed at least annually. The continuous quality improvement plan and strategic plan are also available on our Share Drive. All individuals supported, families, stakeholders, and staff are surveyed annually and their input is used for our continuous quality improvement planning. Summaries of the plan are circulated shared, if appropriate, via our website with all stakeholders.

1. Accessibility Planning

(a) Our Agency's Accessibility Plan identifies and addresses barriers indentified within the community, or services which are accessed by persons served. For the purpose of the plan, barriers are categorized in the following areas: architectural, environmental, attitudinal, financial, employment, communications, transportation, technology, community integration, and any other barriers identified by individuals supported, staff, and other stakeholders.

(b) The plan is developed by the Executive Director and Quality Assurance Committee input is also provided by staff members, family members, and persons served. In addition, accessibility barriers may be discussed at the following meetings: Staff Meeting, Quarterly Provider Forums, Board Meetings, Directors Meetings. Advocacy efforts occur on behalf of persons served to ensure that all accessibility barriers are addressed. These efforts may be initiated by staff, managers, coordinators, or family members. Advocacy efforts that are successful may be shared within the agency's newsletter as appropriate.

(c) The Accessibility Plan is a “living” document and outlines: actions taken, timelines, person(s) responsible for tasks, progress made for identified barriers, and areas for improvement. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

3. Technology Plan

The Technology Plan is the responsibility of the Executive Director, QA Manager, Human Resource Manager, & Finance Specialist to devise. Research is undertaken for technological improvements and their associated costs through technology support provided by relevant staff. Gaps in technology may be identified by staff, individuals supported, and all stakeholders, and are then forwarded to either the Executive Director and Technology for review. The plan outlines: identified tasks, descriptions, person(s) responsible for tasks, priority, projected costs, timelines, and progress/status updates. The plan is

approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

4. Risk Management Plan

The Risk Management Plan is designed to manage risk and reduce the severity of loss should any occur. The plan includes: the identification, analysis and rectification of loss exposures, actions that reduce risk, and how risk reduction is incorporated into performance improvement. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

5. Continuous Quality Improvement Plan

Meetings are arranged with persons served, families, advocates, staff, and other stakeholders annually. This is supplemented by surveys and suggestion boxes to encourage feedback. The Programs Coordinators and Quality Assurance is responsible for the plan and collates the information. Effectiveness, Efficiency, Service Access and Satisfaction goals for the year ahead are determined with feedback received at director and staff team meetings, workshop, training, and forums. Business functions for the organization are established at director's meetings. The information is assembled into our Continuous Quality Improvement Plan. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

6. Strategic Plan

The Unique Caring Network's Strategic Plan is revised every three years. The leadership team along with the Board of Directors analysis identify areas of focus for the next three years that reflect the vision and values of the organization. Consideration for expectations of individuals supported, staff, and other stakeholders are taken into account. When the leadership team has identified the main areas to pursue, input is elicited from all stakeholders before the strategic plan is implemented. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

7. Human Resources Plan

A plan is produced summarizing the turnover and retention of staff. Planning occurs to determine ways to decrease turnover and increase retention. Variables that may affect turnover are evaluated. In addition, a plan for training is incorporated into the document. The Director of Human Resources is responsible for the completion of the plan. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

8. Summary of Complaints

A summary of complaints is produced, made via the complaints resolution process, with non-identifying information. Staff members' grievances are tracked separately by the Director of Human Resources for trends. The summary outlines: goals, actions, person(s) responsible, timelines, results, and status updates. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

9. Health and Safety Plan

The Health and Safety Plan is a summary of the monthly OH&S group meetings. The OH&S group meetings review and address the following: types of injuries, time loss for incidents, number of form 7's, number of accident investigations, follow-up requested by the OH&S group, self-inspections completed, external inspections completed, and actions taken that are now corrected or outstanding. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

10: Documentation Audit

Annually, a documentation audit is completed that pertains to the homes/programs and individuals supported. This ensures that the most current information is available in the homes/programs and that the files of the people supported are complete. An audit is also completed of all provider records to ensure contractual and CARF requirements are being met. An audit of the records of the persons served is also undertaken to ensure they are complete. The report is shared with program director and administrators and made available to the Board of Directors.

11. Incident Summary Report and Plans

A summary is made of critical incidents, non-critical incidents, medication oversights, and program/residence incidents to detect trends and areas needing collective action. This is shared with all staff. The Medication Group reviews medication oversights and provides input to the summary report and plan. The summary outlines: plan type, description, person(s) responsible, timelines, results, and status updates. The plan is approved by the Executive Director and made available via the Shared Drive.

12: Succession Planning

The Unique Caring Network has an emergency succession plan that outlines the person(s) to assume responsibility for key positions in the event a staff member is unable to fill their duties on short notice. A succession plan has also been developed for key positions within the organization which outlines the orientation and training needs of each position. Planning is the responsibility of the leadership team (Executive Director and Program Directors). The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

13: Culture and Diversity Plan

The purpose of the plan is to demonstrate the knowledge, skills, and behaviors that have been implemented for staff members in addressing interactions with stakeholders from all cultural and diverse backgrounds. In addition, the plan demonstrates the cultural and diverse backgrounds represented in the organization. The plan outlines: goals, descriptions, timelines, persons responsible, and status updates. The plan is approved by the Executive Director and made available to the Board of Directors an appropriate agency stakeholder, as well as, shared with staff via our internal Shared Drive.

The Unique Caring Network, Inc. measures the Mission, Vision, Principle and Values statement by five critical documents that are reported on annually. Those five critical documents are the strategic plan, risk management plan, accessibility plan, technology plan and outcomes/performance outcomes. The Unique Caring Network, Inc. does not limit annual reviews to just those documents. Additional analysis

is completed on but not limited to critical incidents, formal complaints, health and safety inspections and qualitative record reviews of medical records, fiscal records and personnel records.

Strategic Planning

Our Strategic plan is reviewed annually and updated as needed to be made.

Performance Improvement: Input from the Persons Served and Other Stakeholders

Input from persons served, stakeholders and clients are conducted on an ongoing basis

Performance Improvement: Financial (business functions)

Analysis of Quarterly billing review

Performance Improvement: Risk Management

Review Risk Assessment

Performance Improvement: Health and Safety

Analysis of tests of emergency procedures

Analysis of critical incidents

Issues addressed on external safety inspection/recommendations

Analysis of health and safety self-inspections

Review of Monthly checklist

Analysis of vehicle repairs

Analysis of safety audit

Performance Improvement: Human Resources (business functions)

Audit staff, provider, and client files. Also, trend employee terminations.

Performance Improvement: Technology

Review & update technology plan as to address technological barriers that were identified.

Performance Improvement: Rights of the Persons Served

Analysis of formal complaints. (Trends, areas needing performance improvement, actions to be taken).

There were no formal complaints reported in 206-2017.

Accessibility Plan status report

Architecture:

Environment:

Attitudes:

Finances:

Employment:

Communication:

Transportation/Community Integration:

Barrier Identified by Persons served:

Barrier identified by other stakeholders:

Barrier identified by personnel:

Performance Improvement: Service delivery

2021, conducted surveys and solicited input for agency stakeholders. We received over 70% from providers and staff surveyed. The input continues to help us plan strategically. As well as, remove barriers for effective service delivery. Suggestions were also instrumental in helping up identify risk areas needing improvements.

N. Performance Improvement

Unique Caring is committed to achieve excellence in its service delivery for persons served, personnel and other stakeholders. We are willing to share and provide the persons served and other stakeholders regarding performance improvement as we move on in serving our patients to the best of our ability.

1. N.1 A Written Analysis**a. At Least Annually**

Our organization will review policies and procedures, personnel performance, grievance, risk management, financial status at least on an annual basis in order to have a comprehensive status of the organization's performance.

b. Analyze Performance Indicators in Relation to Performance Targets

Unique Caring will utilize performance indicators such as customer surveys, performance evaluation by the human resource manager and program director. This will be discussed with the executive director and be brought on our monthly meetings as need arise. With this review, we will be able to analyze if the organization's performance aligns with our target goals. It will review the program's effectiveness, efficiency, service access. It will be open for suggestions and feedbacks. This analysis will guide our organization in making necessary actions and activities to meet our goals and improve our service delivery. Extenuating factors such as new regulations, personnel shortage, or change in leadership will be discussed as it arises during monthly meetings and will be addressed accordingly. Data and information gathered will be presented and put in writing.

c. That Identifies Areas Needing Improvement and Results in Action Plan

Unique Caring strives to update its program's data such as the demographic of persons served and follow up on previous reports. We are committed to continue working on improving our program and aim for excellence. We will be open for suggestions and recognize efforts and motivation of our personnel. We will review the needs of our clientele and create an action plan to meet these needs. If necessary, we will recruit manpower and personnel needed to meet these needs. This will be planned well and be brought into meetings with personnel. Once decided on an action plan, this will also be communicated to all personnel, clients, and other stakeholders.

1. N.2. The analysis of business function performance:

The analysis of the business function performance will be documented and completed at least annually. It will address priority business function indicators such as financial performance, emergency procedures, risk management, formal grievance, business continuity and disaster recovery, human resources, health, and safety. The business function analysis will take into consideration the characteristics of the persons served, impact of extenuating factors such as the COVID pandemic. It will compare analysis and identify trends and causes of the comparison. With this it will identify areas needing performance improvement and be able to implement an action. We will also review if the action plan accomplished the improvement of the program.

1N.3. Use of the Analysis of Performance Indicators

Reviewing and analyzing the performance indicator can help us evaluate if we are fulfilling the mission of our organization which is to help our clients be as fulfilled and happy as they can be with the help of our program. We aim to be an advocate for our client by improving our service delivery to meet the challenges and needs of our clients. This will help us understand where we maybe short of service and plan to address that, so we can expand our services. With this performance analysis, we can decide how to meet the needs. This can be in the form of a day program, intensive outpatient, case management, housing, vocational work and integration to the community. We will review and update the organization's strategic plan as the need arise. This will be done at least annually upon analysis of the performance indicators.

1. N.4 The Organization Communicates Performance Information

Upon analysis of the performance indicators and decision making on how to meet the needs, this information will be communicated to the persons served, personnel and other stakeholders. It will be communicated in written form and in a language that is easy to understand. The information can be communicated through program announcements, posters, or our websites. It will be communicated within the month that a plan is decided on and a specific date the plan will be implemented. The organization strives to communicate all pertinent information with accuracy. Our CARF accreditation as well as our state licensure, laboratory license as well as our mission are posted in our reception areas. In our kitchen we also have business and personnel laws and regulations.