



2016 Quality Improvement Program Metric Survey

Goal: To survey Chapter QA professionals to ascertain whether the NYSARC Quality Program is meeting Chapters' needs and to identify opportunities for improvement.

Methodology: NYSARC created an online Survey Monkey questionnaire containing 14 separate questions related to the Quality program and requested that each Chapter respond once to the questions. The survey was announced on September 14, 2016. Chapters were given until the end of the month to complete the survey. The ability to respond was extended until mid-October to solicit more feedback for the survey.

Overall Score: The overall average score of 4.4 out of 5.0 suggests that most Chapters are satisfied with the Quality Improvement Program, the work being done to provide metrics and feedback, and the quality tools that have been developed to date.

Responses:

- 42 Chapters responded to the Quality Metric Survey. This reflected a response rate of 86%.
- 32 of the 41 who responded to the question, indicated they had "Corporate Compliance" or "Quality" in their job title.
- With the exception of one statement, "My Chapter has solicited information from other Chapters based on the quality indicator metric results", all received an average score above 4 indicating that most respondents either somewhat agreed or agreed with the statement. With regard to the statement regarding soliciting information from another chapter, 20 respondents were "neutral" thereby yielding an average score of 3.19
- See Chart below for average scores for each question and unfiltered comments on page 3.

The following statements were rated on a scale from 1 thru 5. All statements were rated by each of the 42 respondents.

1= Disagree, 2= Somewhat Disagree, 3=Neutral, 4= Somewhat Agree and 5=Agree

	Average	Number of "Neutral" Responses
Developing the Quality Indicator Metrics has been positive for NYSARC	4.70	1
My Chapter finds the Quality Indicator Metrics helpful for quality measurement	4.40	3
The Quality Indicator metrics measure the most significant quality indicators available	4.12	3
The Quality Indicator Metric Dashboard is presented in a manner that makes sense	4.72	0
The Chapter identified data encourages collaboration and sharing	4.16	9
My Chapter has solicited information from other Chapters based on the quality indicator metric results	3.19	20
The Quality Indicator Metrics are presented in a meaningful way	4.49	3
We have received guidance on how to use the Quality Indicator Metrics	4.53	4
I find the Quality Webinars to be informative	4.65	2
I find the Quality Manual to be useful and convenient	4.53	2
My Chapter presents the Quality Indicator Metrics to the Board	4.62	2
The Board discusses the Quality Indicator Metrics and how my Chapter compares	4.31	7
My Chapter uses the discussion of the metrics to drive quality improvement	4.28	5
My Chapter updates the QIP based on Quality Indicator Metrics discussion and comparison	4.30	3
Overall Average	4.36	

Comments

- *Happy it [Quality Program] is in place. From our chapter's perspective it might be helpful if the deadline to get it submitted to you were a little bit earlier in the year, perhaps March 31st. this would allow us better flow as far as it being reviewed by our board before the summer.*
- *A platform to collect the data in real time, to enable timely assessment and QI response.*
- *The data provided by itself does not assist Chapters with measuring Quality outcomes. It is still very subjective and needs to be run against something meaningful. Specifically, in order to make the data relevant, it must be compared to specific information. For example, to compare deaths amongst like sized agencies is not useful. The information that would be helpful is looking at acuity level amongst people served. When looking at injuries to employees, it should be compared to the people supported by the agency and their level of behavioral and medical challenges. When reviewing the turnover statistics, it would be helpful to compare like counties whether urban, rural etc. There is an assumption that the communities in which we operate are similar in demographics.*
- *It is effective as it is.*
- *I really like the QI manual. Great resource. It helps facilitate consistency between chapters.*
- *I would like to see a process where best practices and successes could be shared.*
- *I found the manual to be extremely effective throughout the process of developing the plan for [Chapter].*
- *While the webinar was great, I wish it could've been a live presentation. I know that it would be exceedingly difficult to do so - but I think all being in one room would spark more conversation. I'm sure it will be discussed at Regional CC meetings, and that will be helpful.*
- *I believe CQL will have a great impact on the QIP process.*
- *Find a way to address the CQL Basic Assurances and their Self-Assessment.*
- *The process is designed well.*
- *I believe the process as it stands is quite good in that it provides a baseline and information on where you stand. It also become [sic] obvious that the collection of data is important to make decisions but also the data can be collected in a myriad of ways so it cannot be a true evaluation tool of one program to another. The definitions help to establish the framework but each year we find different ways to collect the same data!*
- *Improve information and education on the Quality Improvement Manual and how to utilize it.*
- *Hoping the questions won't change much this year so we can benchmark this year's responses and really see where we are at and how we are improving.*
- *Ensuring that all chapters are consistent in reporting standards*

- *It's difficult to know what the most significant quality indicators are in human services. I think NYSARC has done the best they can with the data we are currently collecting. As we all evolve with POMs interview data, this may become easier.*
- *Need to follow through and use the information to improve. System needs to mature so we are acting on the results. Wish the data was more real time.*
- *I don't currently have any suggestions to the QIP process.*
- *We have kept the Board informed of the Quality Indicator Metrics but we could do better at having more conversations about our own metrics at the Management Level and ensuring understanding of how are doing and in comparison to other chapters.*
- *Board involvement or the board president involved more in the understanding/review in the "why" as well as how to read the QIP. Erik and Josh do a good job with presenting to us, but when presented to the board, it's not necessarily seen as a whole. We're just not the exciting part of a board presentation.*
- *If NYSARC is going to use metrics for an agency "report card", then NYSARC needs to be prepared to collect more information to understand what is being collected. For example, more demographics may be needed on population age and acuity to interpret rate of injuries, rate of abuse allegations, staff turnover, etc.*
- *More members of our Organization needs to assist with, and buy into what and why the data is collected.*
- *At this early stage in the game I am not sure that I can offer any suitable recommendations on product/ process improvements. I would only comment that this work is relevant and will likely gain in value/ utility in the coming years (the more we work the data the more it becomes valuable). So...keep doing what you are doing!*
- *Keep the channels of communication open. Emphasize a learning not punishment approach*