



Program Evaluation

2021-2022

Horizons Unlimited of Palo Alto County, Inc.



Horizons Unlimited of Palo Alto County, Inc.

Mission: Providing opportunities for our Horizons family to develop their full potential in a positive atmosphere.

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Executive Director

Carla Firkins



Horizons Unlimited of Palo Alto, Inc.

“Providing opportunities for our Horizons family to develop their full potential in a positive atmosphere.”

History of Horizons Unlimited

1966: The Palo Alto Association for Retarded Citizens began a program for Adults with disabilities.

1968: The program moved to the Palo Alto County Home where a few rooms were remodeled to allow the individuals to work on piecework for Pamline Manufacturing.

1970: The program moved to the "Open Door School" building on 16th Street in Emmetsburg. In this setting, the men worked on Pamline Contracts and woodworking while the women learned sewing and rug-making skills. The ladies packaged sample products for Style-Craft Furniture of Milford.

1975: A new building was constructed at King and Seventh Streets in Emmetsburg and the program was moved there. Ceramics and providing congregate meals to senior citizens were the main activities at this time.

1982: In July, the program almost doubled in size as Willing Workers merged with Project Learning, a program at Iowa Lakes Community College. On November 17, the name was officially changed to Horizons Unlimited of Palo Alto County, Inc.

1983: Horizons Unlimited received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF)

1985: Horizons opened their first group home at 2201 21st Street, providing housing for eight individuals.

1988: In April, Horizons purchased a new building (3104 Main) which was remodeled to serve as our Can and Bottle Redemption Center.

1990: Horizons rented the former convent in West Bend to house five men in a Group Home setting. CARF gave full approval to Horizons with the highest accreditation renewal of three years. The Supported Employment Program was added to our service base.

1991: Horizons received a recycling grant from the DNR The Recycling Center moved to the newly acquired building along Highway 4 South (3826 460th Avenue) in Emmetsburg. Two new group homes were built (1 5th & 19th Street) and occupied by April 1st.

1993: The INCH (Independent Community Housing) expanded to include clients living in privately rented apartments.

1994: In April, the Recycling Center began receiving materials from the Kossuth and Pocahontas Counties, in addition to Palo Alto County. An expansion was necessary to accommodate the increased volume of recyclables; this was funded by a grant from the DNR.

1996: Horizons received a three-year certification from CARF. In July, Horizons completed an OSHA Safety and Health Consultation.

1998: Horizons became the first facility of its kind nationally to win OSHA's Voluntary Protection Program/Star Award.

2000: In December, Horizons received a no-interest loan from the DNR to be used for the expansion of the workshop area.

2001: In August, the construction of a 6,600 sq. ft. addition was completed. In September, Horizons was selected as the winner of the Iowa Recycling Association's 2001 Recycling Facility of the Year.

2006: In April, Horizons received a one-year accreditation from CARF.

2007: In May, Ronald C. Ludwig resigned after 19 years. In August, Eddie M. Hannagan is hired as the new CEO. In October, Horizons received a one-year accreditation (probationary).

2008: In October, Horizons received a 3-year accreditation from CARF.

2009: In February, Horizons received a grant from the Palo Alto County Gaming and Development Commission, to be used for remodeling the workshop restrooms and Day Habilitation Program. In March, Horizons received a three-year accreditation from DIA. In April, the Day Habilitation Program opened at the Work Shop. In August, Ron Askland accepted the CEO position. In November, Laurie Schneider accepted the CFO position.

2011: In October, Horizons received a three-year accreditation from CARF. Horizons received a grant from the DNR for a skid loader.

2012: Horizons received two grants from the Palo Alto County Gaming and Development Commission for a new van and new phone system. In October, Kathy Jackson accepts the new position of Job Placement Specialist.

2013: Horizons received two grants from the Palo Alto County Gaming Development Commission for new computers with system backup and new egress windows for the King Street Apartments. Horizons also received a new van courtesy of the Variety Club and Wild Rose Casino.

2016: Horizons closed the can redemption center and recycling programs. Horizons also sold the building and moved to 2107 Main Street.

2016: Horizons Unlimited started a community-based program, Day Hab Without Walls. This program is entirely based in the community. With the workshop now closed, Job Development has worked diligently to find jobs for members in the community.

2020: Received two grants from the Palo Alto County Gaming Development Commission for (3) dual driver, motor assisted bicycles and a new lawn mower. We also received a 3-year Accreditation from our CARF review in the fall. Ron Askland left as CEO in April. Carla Firkins was named Executive Director of the agency in September.

2020 through 2021-The Covid 19 epidemic caused many restrictions in our services. The Day Habilitation Program was placed on hold and is still on hold until restrictions are lifted. The group homes went on "lock down" for close to a year. Most restrictions have been lifted at this time. Vaccinations were offered to all members and staff. All staff worked diligently during our outbreak in November to assure services to our members were continued, often at their own peril. We recognize our "Heroes."

2021: Received a grant from the Palo Alto County Gaming Development Commission to reface the office building and replace the awning.

2021-2022: New floors and cabinets installed in office/med rooms in the group homes. 21st Street home also received new flooring throughout. Palmer Group Home had a new entry door installed. We received a 3-year accreditation with excellence from HCBS in June. All activities are now completely integrated into the community. Established a Community Foundation.

Demographics of Our Member Population

We provided services to 51 individuals in the 2021-2022 fiscal year. We had three admissions and four discharges (one death, two need higher level of care, and one stop services). Two of our admits were in the younger 20-40 age group.

Age breakdown:

20-40 years old	17 members
40-50 years old	5 members
51-60 years old	12 members
61-70 years old	8 members
71-80 years old	5 members

12 of our members are older than the retirement age of 62. This aging population provides challenges for our job support services as many members are no longer looking for employment. And it adds the extra challenge of assuring continued quality of life through meaningful activities and community involvement for the aging non-working members as well as meeting the increasing medical needs.

Racial makeup:

We have 45 white, one Native American, and one undefined. All have an Iowan background, most from Palo Alto County or the surrounding counties.

Types of Waiver Services: As of 6-30-22

35 members are on the Intellectual Disability Waiver
9 members are on the Habilitation (Mental Health) Waiver
2 members are Private Pay for their services
1 member receives County services
0 IVRS

Trends:

Categories have remained stable this last year. We have noted an increase in applications for Habilitation services and requests for HCBS home settings and most inquiries require extensive psychiatric support which is not available in this area. Admittance to our group homes requires an Intellectual Disability Diagnosis, this limits our pool of candidates meeting our admission criteria for the group home vacancies. We are noting an increase in requests for IVRS services at the end of the fiscal year.

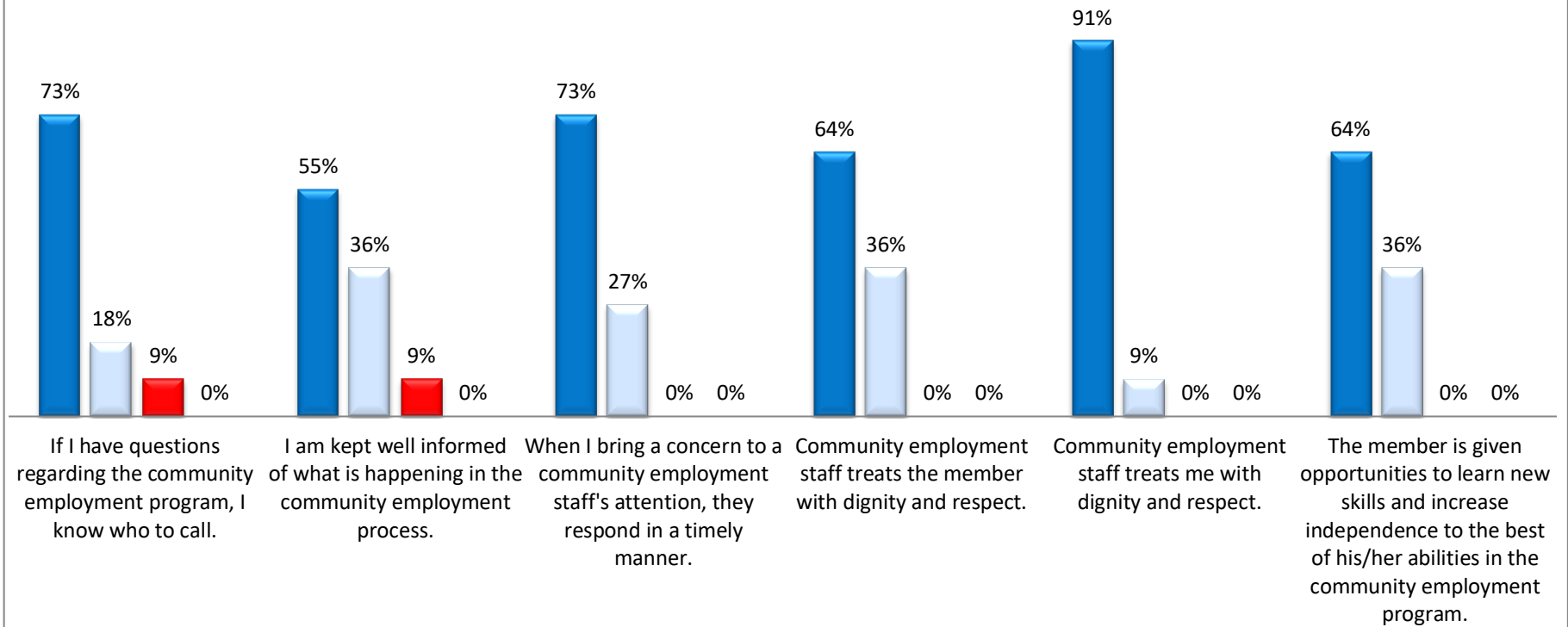
SATISFACTION SURVEYS

All categories of satisfaction surveys were done with manual methods this year. We did not use AbleLink's services. Member surveys were completed with staff assist. Staff surveys were delivered to staff by their managers and turned into Deb Siepker for confidentiality. Family/Guardian surveys were mailed with a self-addressed stamped envelope for return.

All members also completed a Quality of Life Assessment. These are reviewed in their annual staffing meeting to assure that individual needs are met.

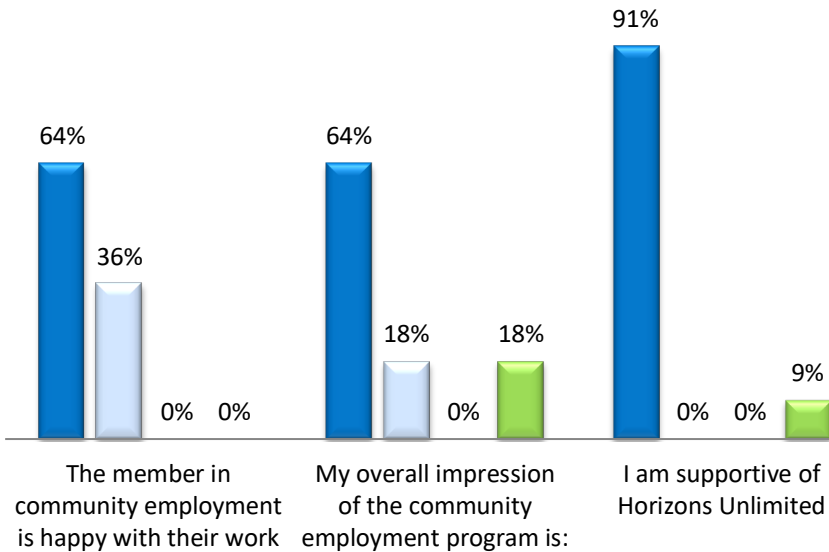
2022 Community Employers/Job Development/Job Coaches - 1

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable/No Response



2022 Community Employers/Job Development/Job Coaches - 2

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable/No Response



Comments:

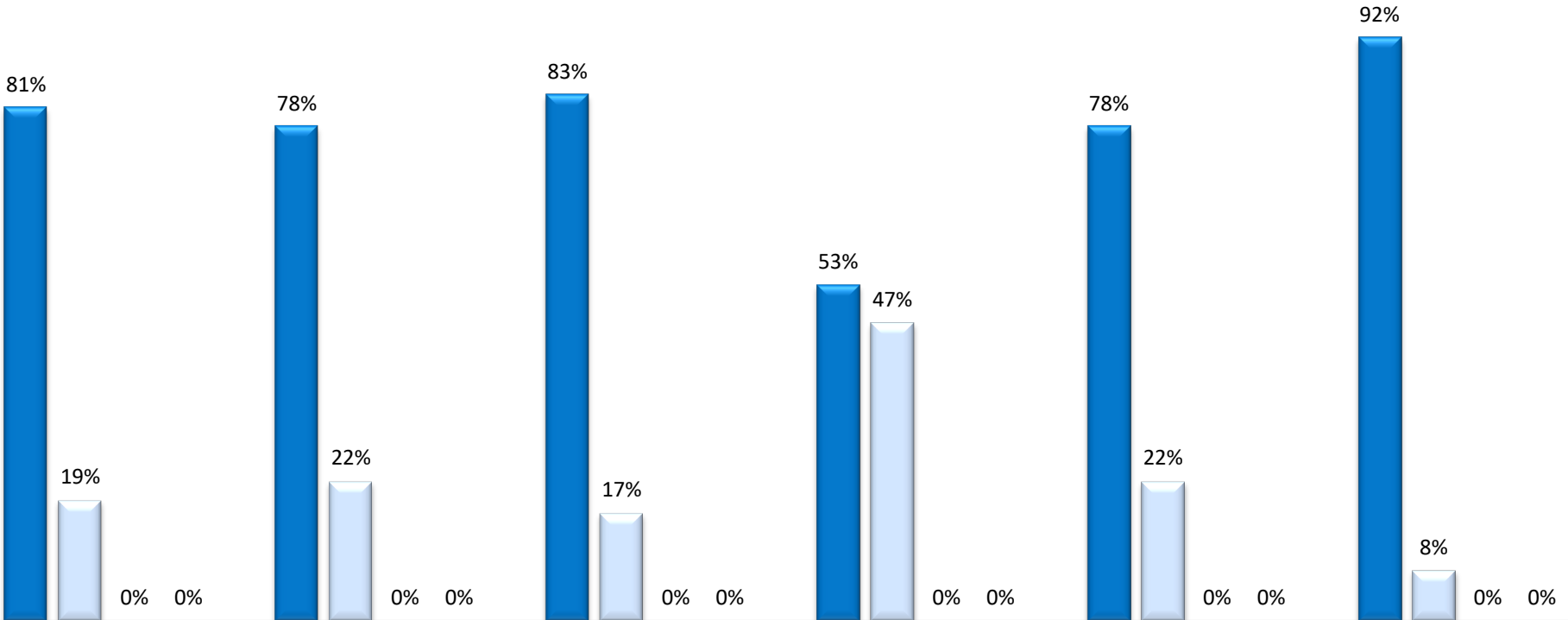
- The person we had a complaint about is doing better.
- We have changed how our cleaning is getting done and it has confused the member but since communicating with personnel about the new guidelines things are going better.
- I feel this is a good program with the right intentions.
- All of our staff love having our member and she is a great asset to our team. She is great about letting us know updates. We are grateful to have the community employment program!
- Our member seems to enjoy working here and we are pleased with her work and the relationship is going well.
- We enjoy having our member working here!!!!

Comparison 2021 to 2022 – There was a decrease in respect and training areas. The Management team was aware of this and addressed issues through staffing changes and we will continue to monitor.

Total of Surveys Evaluated – 36

2022 Horizons Employee Satisfaction Survey - 1

■ Very Good/Almost Always ■ Acceptable/Generally ■ Poor/Rarely ■ Not Applicable



I am proud to tell others I work at Horizons Unlimited.

I do my best to live Horizons Unlimited mission each day.

Horizons Unlimited provides a safe environment in which to work.

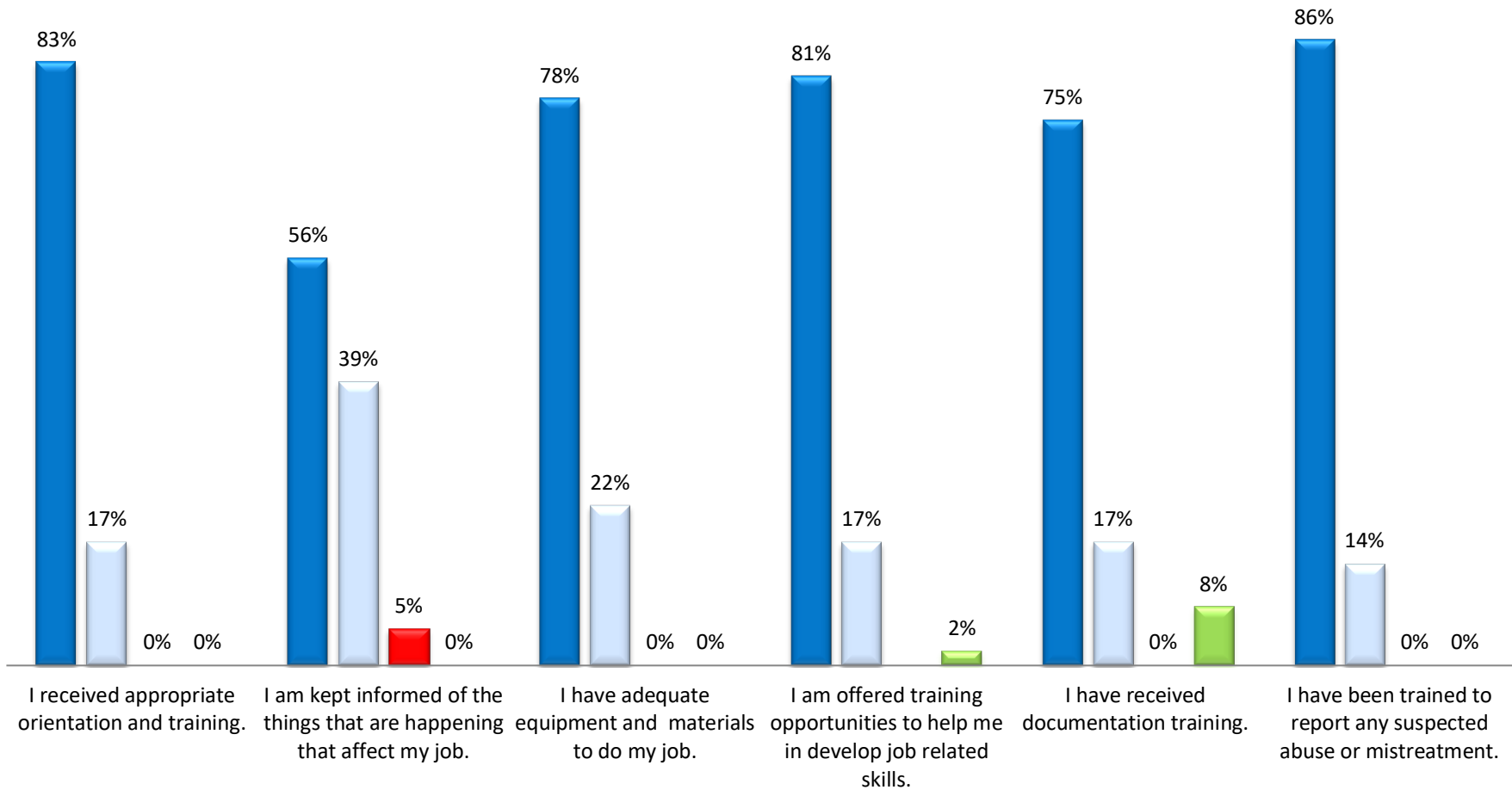
Good teamwork is practiced on my shift with most employees willing to work together and help each other out.

My supervisor treats me with respect and helps me feel a part of the team.

Facilities and grounds are kept in good repair.

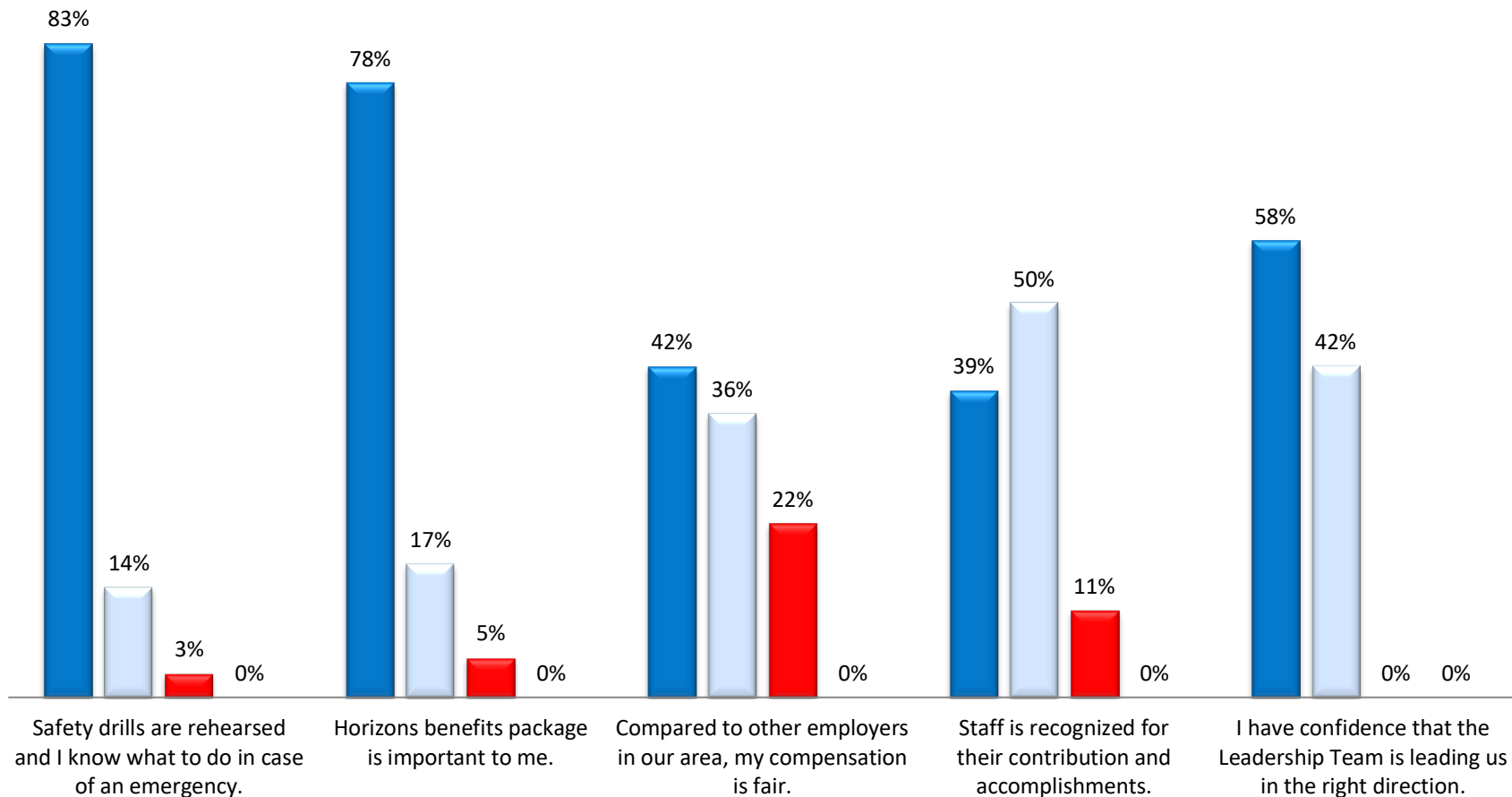
2022 Horizons Employee Satisfaction Survey - 2

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable



2022 Horizons Employee Satisfaction Survey - 3

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable



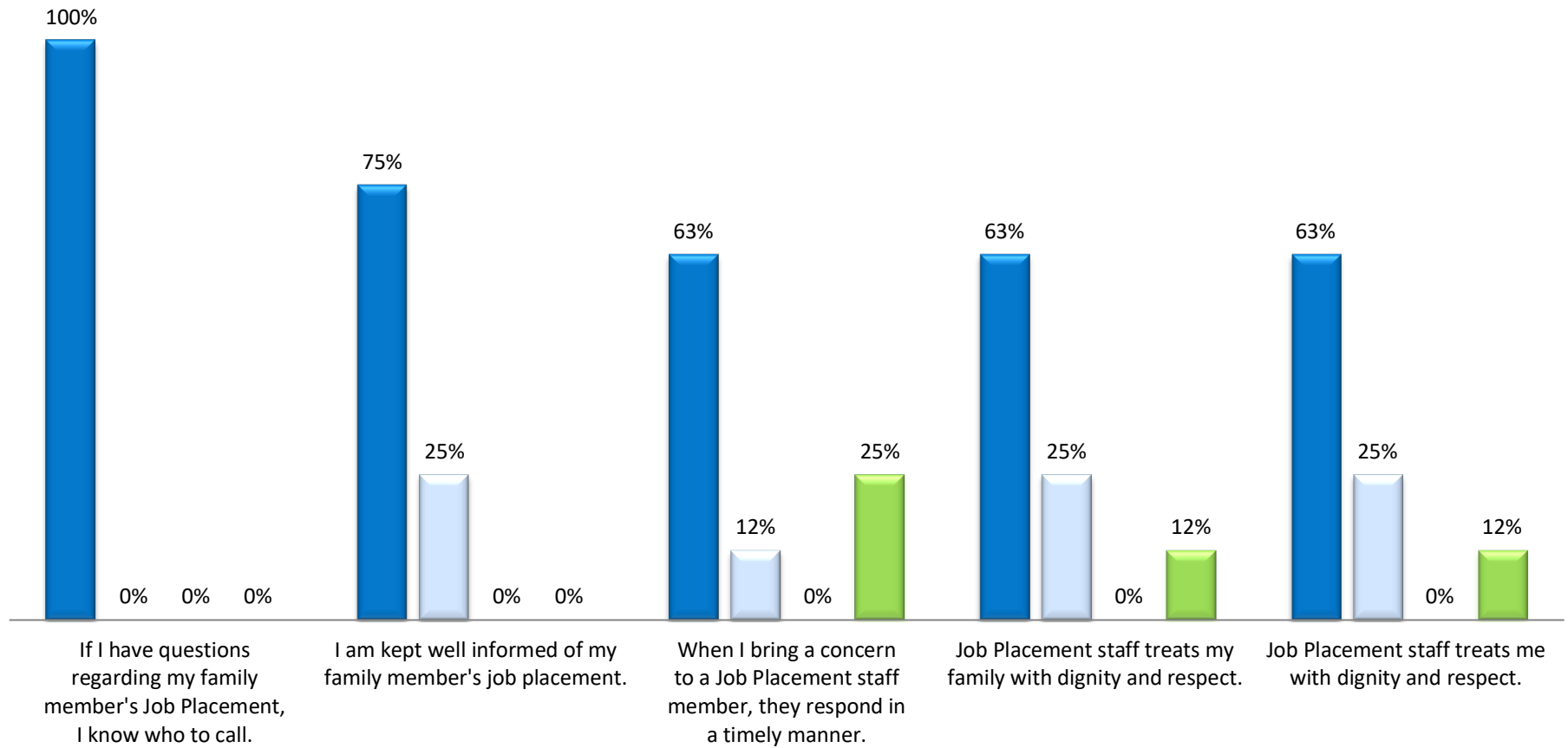
Comments:

- I absolutely love my supervisor
- My shift has wonderful teamwork and the supervisor goes way above most. She's the team leader!
- Staff at different sites should be informed when a member passes away.

Comparison from 2021 to 2022 – Employee responses increased in compensation, training, teamwork and respect. Management sponsored trainings by Brenda Clark-Hamilton to address low teamwork responses in 2021. There was a large increase also noted in facility appearance due to updates.

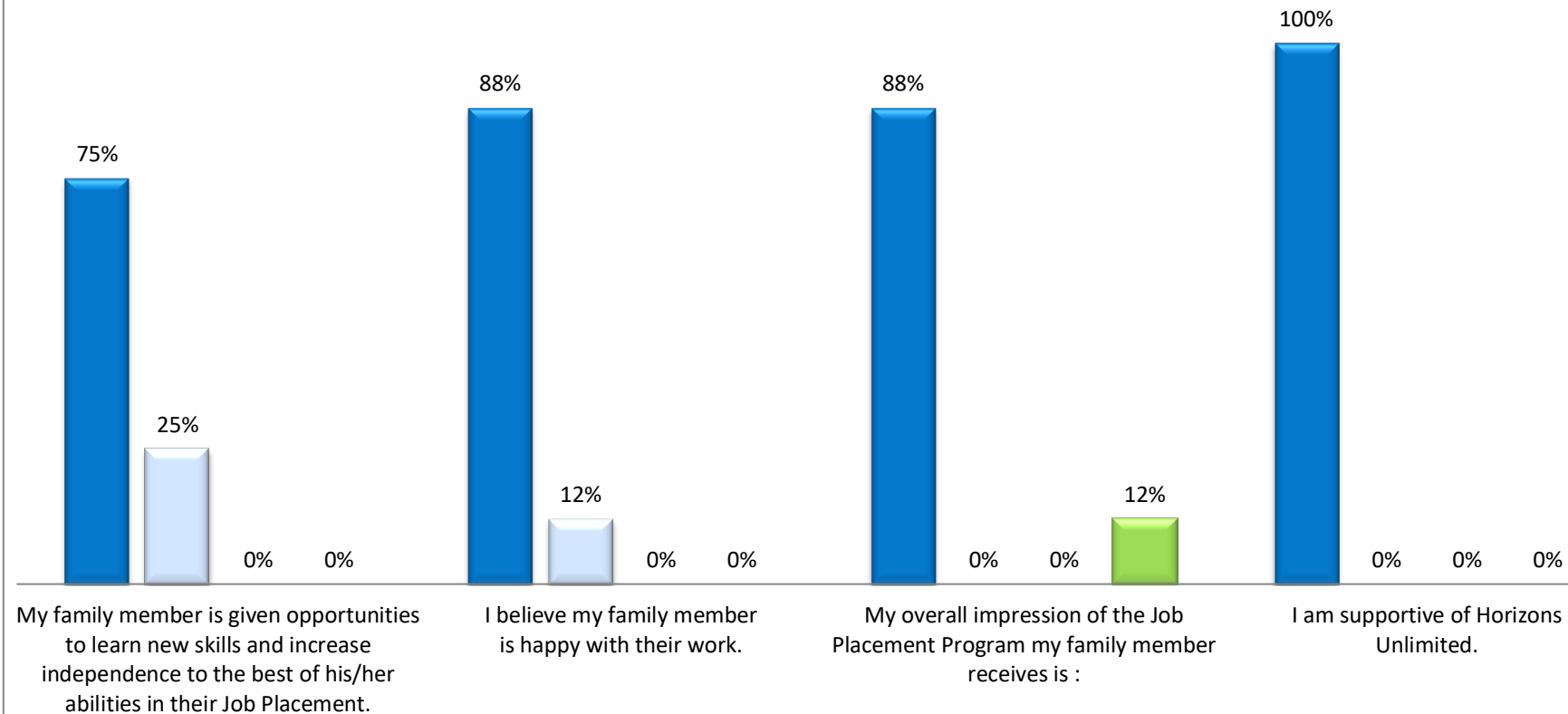
2022 Parent/Guardian Satisfaction Survey for Job Placement - 1

Very Good/Almost Always Acceptable/Generally Poor/Rarely Not Applicable/No Response



2022 Parent/Guardian Satisfaction Survey for Job Placement - 2

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable/No Response



Comments:

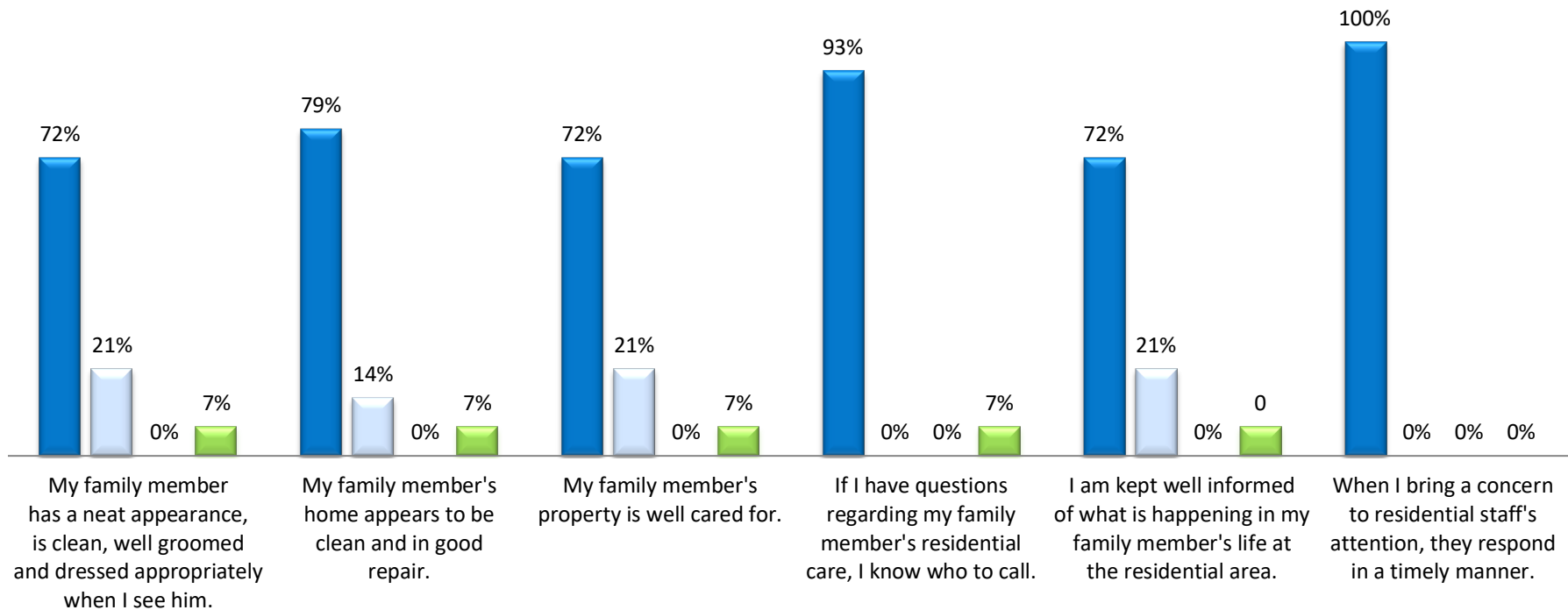
- Have only had limited time with staff.

Comparison from 2021 to 2022 – There was a large increase regarding knowing who to call. Decrease for dignity and respect have been addressed with staffing changes. Increase with overall happiness and supportiveness of the Job Placement program.

Total of Surveys Evaluated - 14

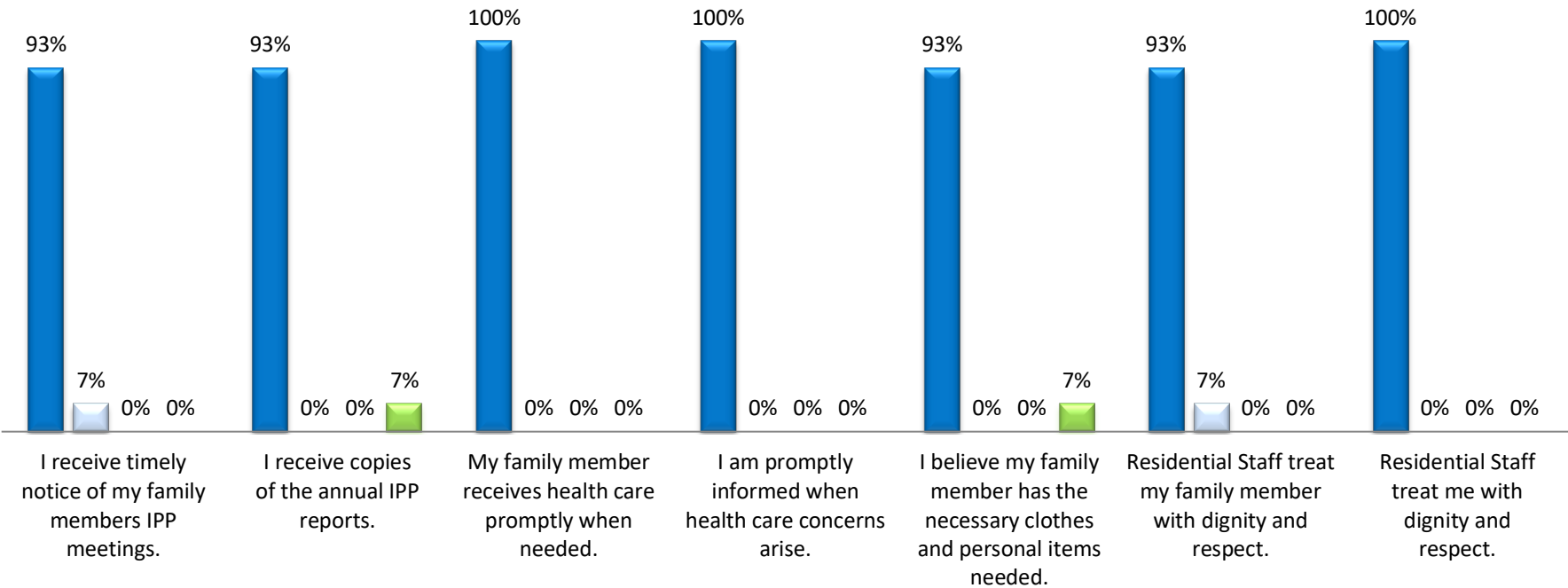
2022 Guardian/Parent Residential Satisfaction Survey - 1

■ Very Good/Almost Always ■ Acceptable/Generally ■ Poor/Rarely ■ Not Applicable/No Response



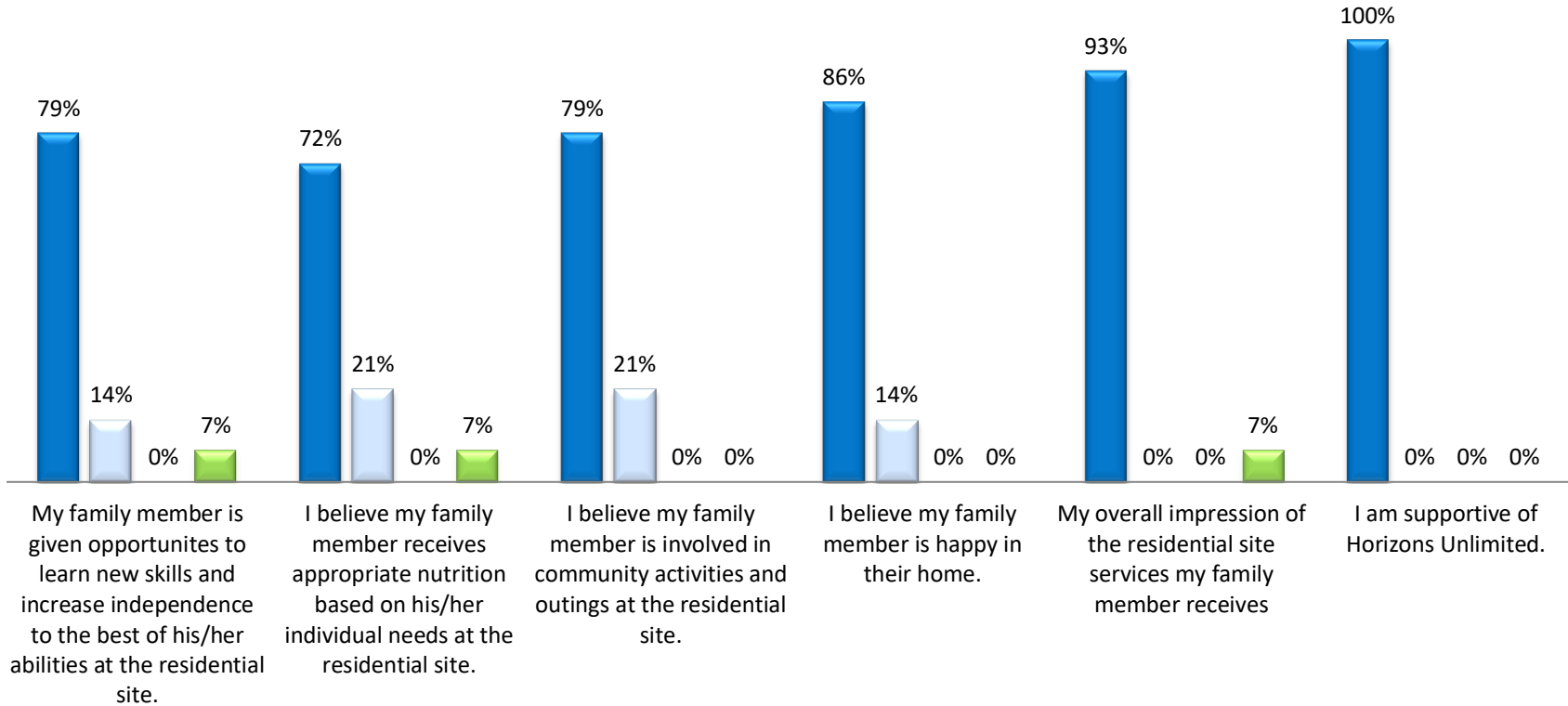
2022 Guardian/Parent Residential Satisfaction Survey - 2

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable/No Response



2022 Guardian/Parent Residential Satisfaction Survey - 3

■ Very Good/Almost Always
 ■ Acceptable/Generally
 ■ Poor/Rarely
 ■ Not Applicable/No Response



Comments:

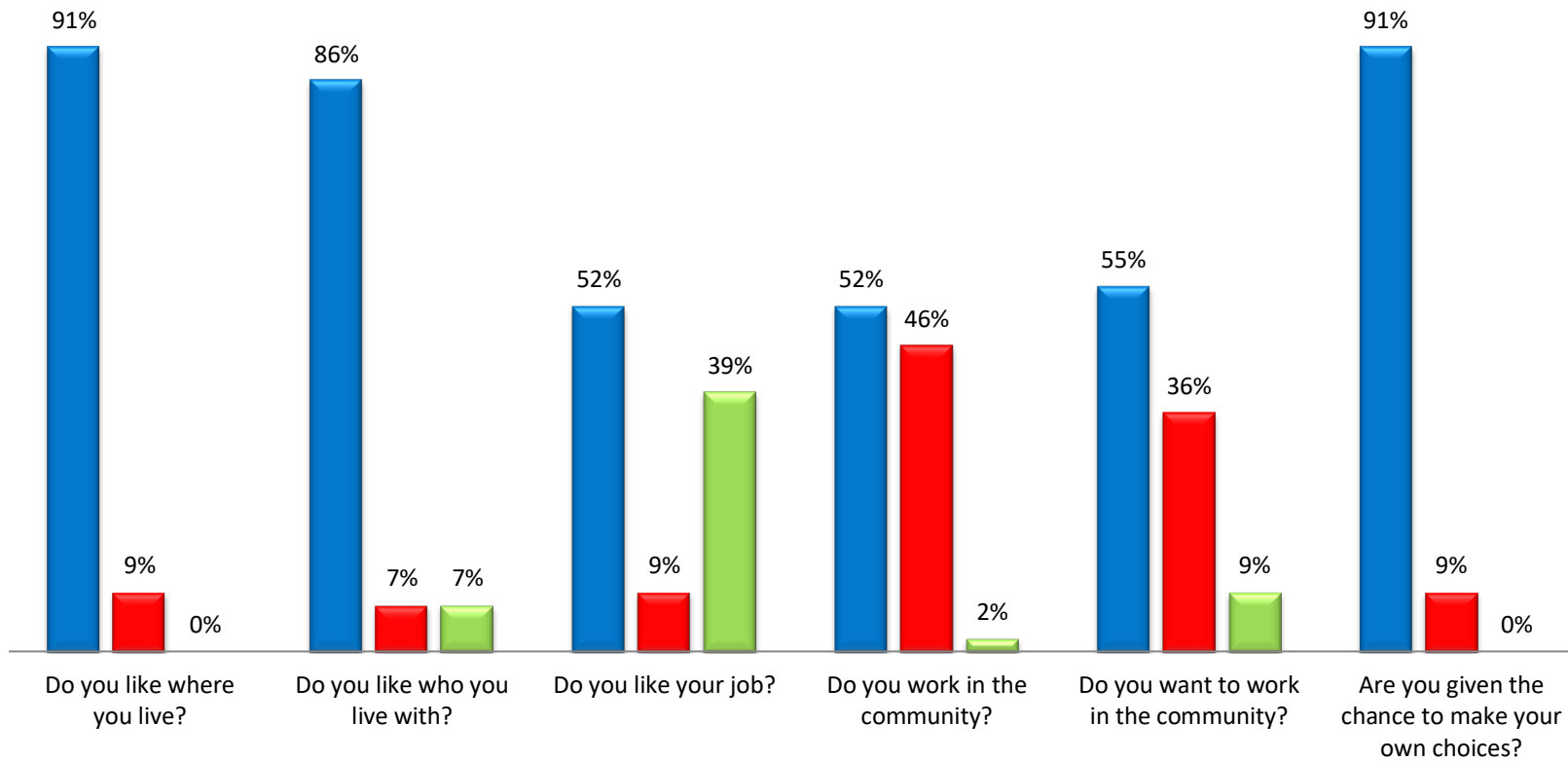
- Would like him to shave daily.
- Excellent services my family member receives.
- Amazing services that my family member receives. I can't say enough good things about you! So happy we found you for our sister, it has been the best thing for her!
- We are blessed to have Horizons Unlimited in the community and the staff is terrific at each location! Job well done!
- I wouldn't have my family member anywhere else. What a great place to live.
- My family member is always happy with the services received!

Comparison from 2021 to 2022 – There was an increase overall as the members were out in the community more and not only at home due to Covid restrictions and it helped having consistent managers.

Total of Surveys Evaluated - 44

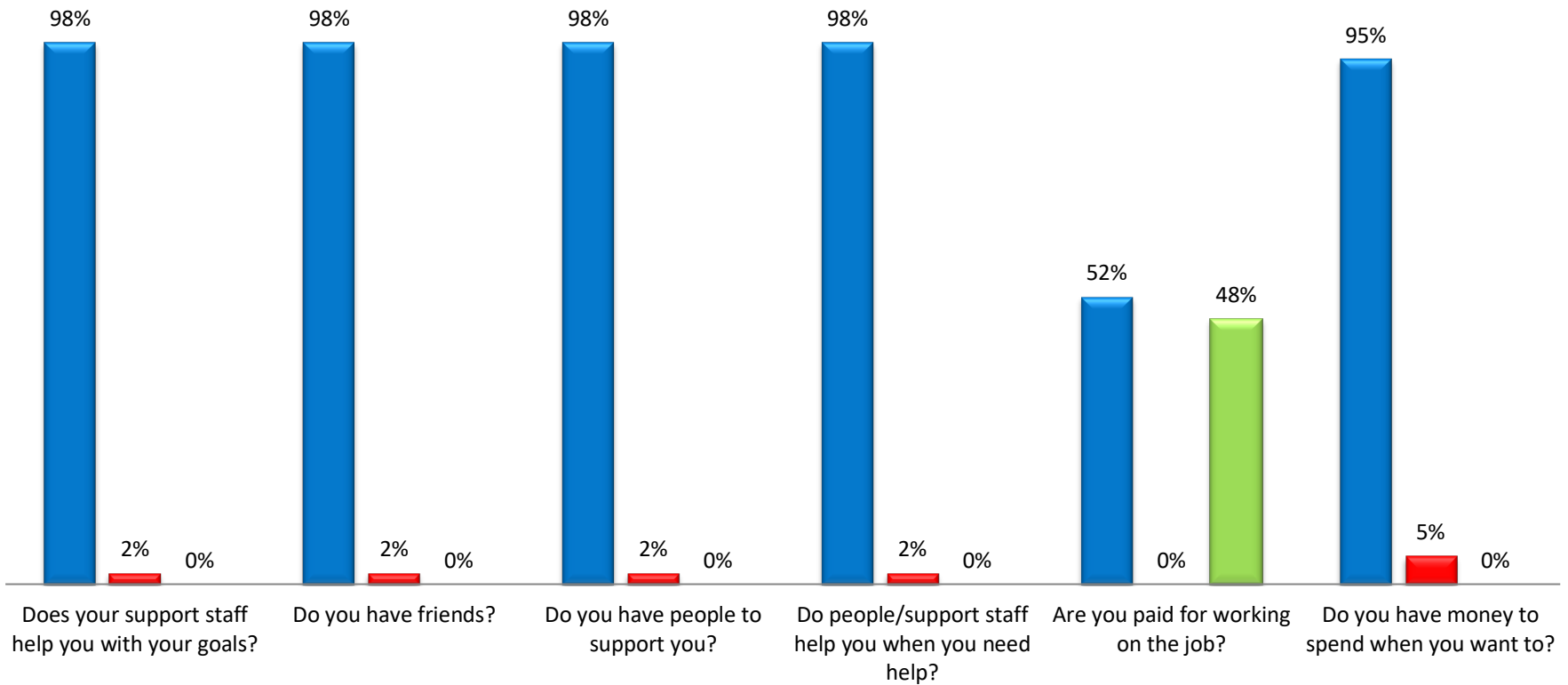
2022 Horizons Member Right Survey - 1

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



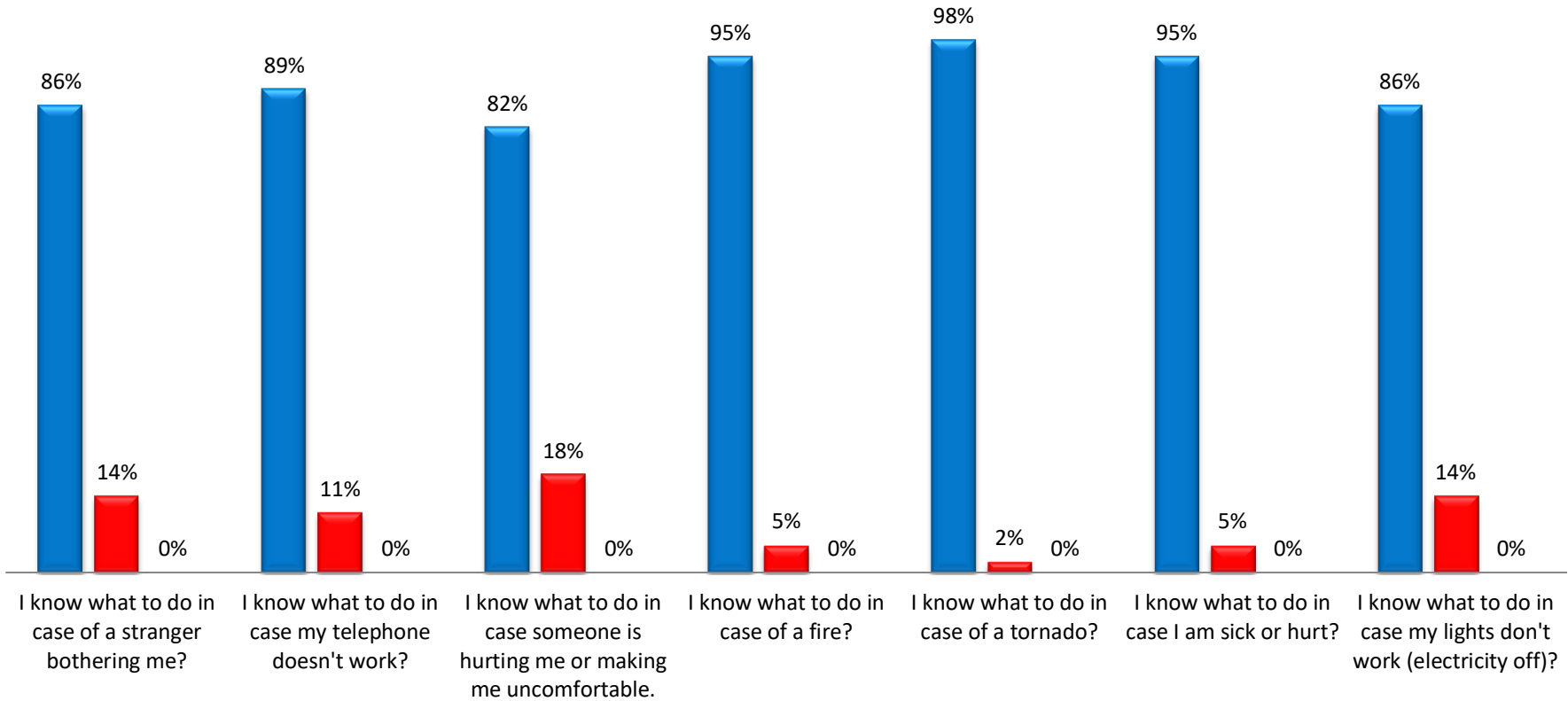
2022 Horizons Member Right Survey - 2

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



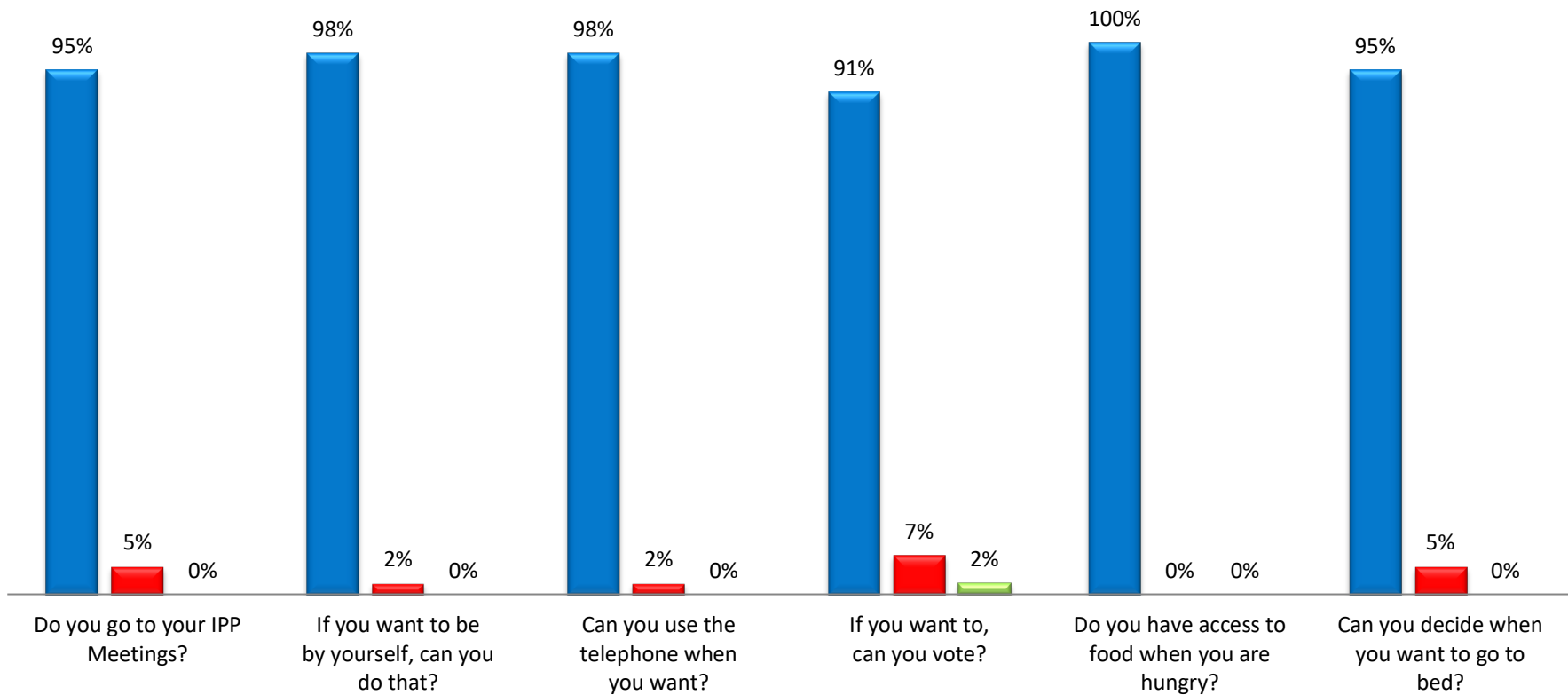
2022 Horizons Member Right Survey - 3

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



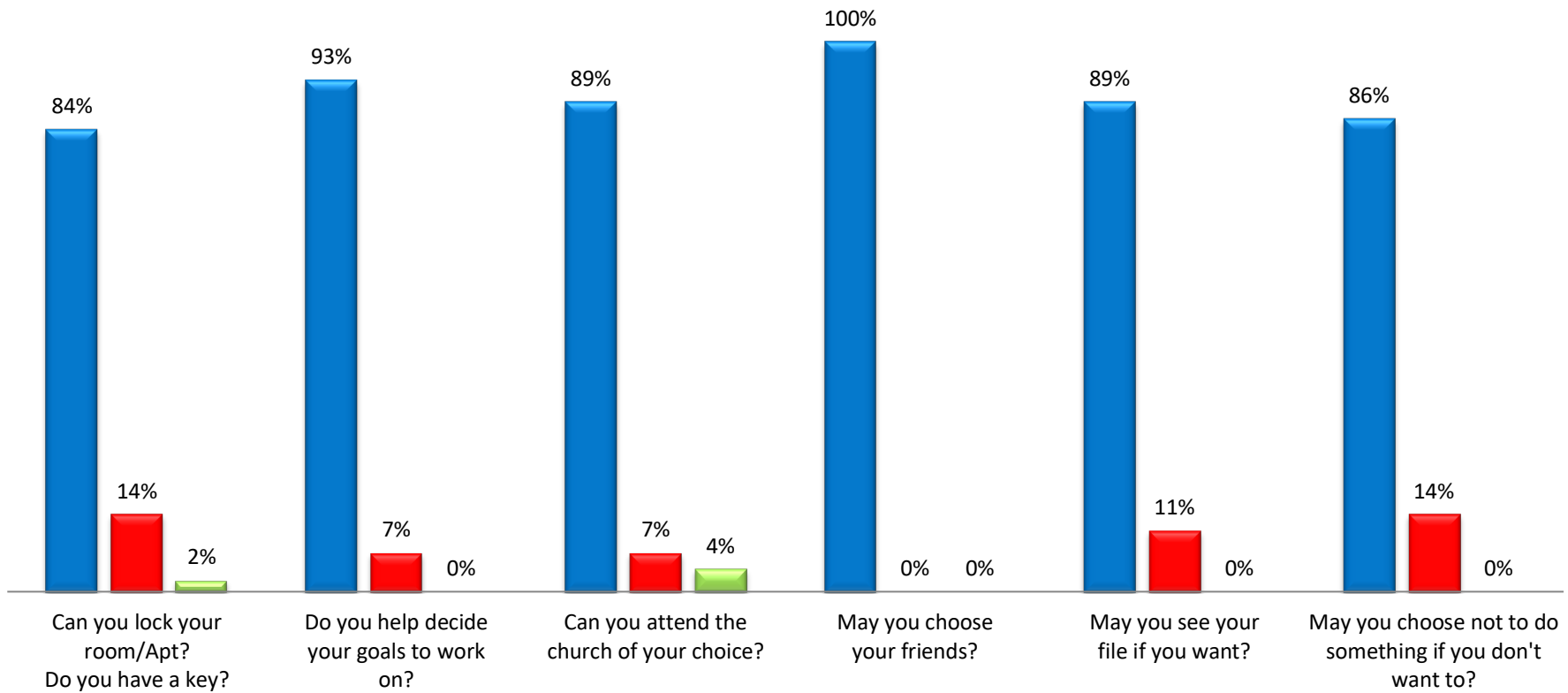
2022 Horizons Member Right Survey - 4

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



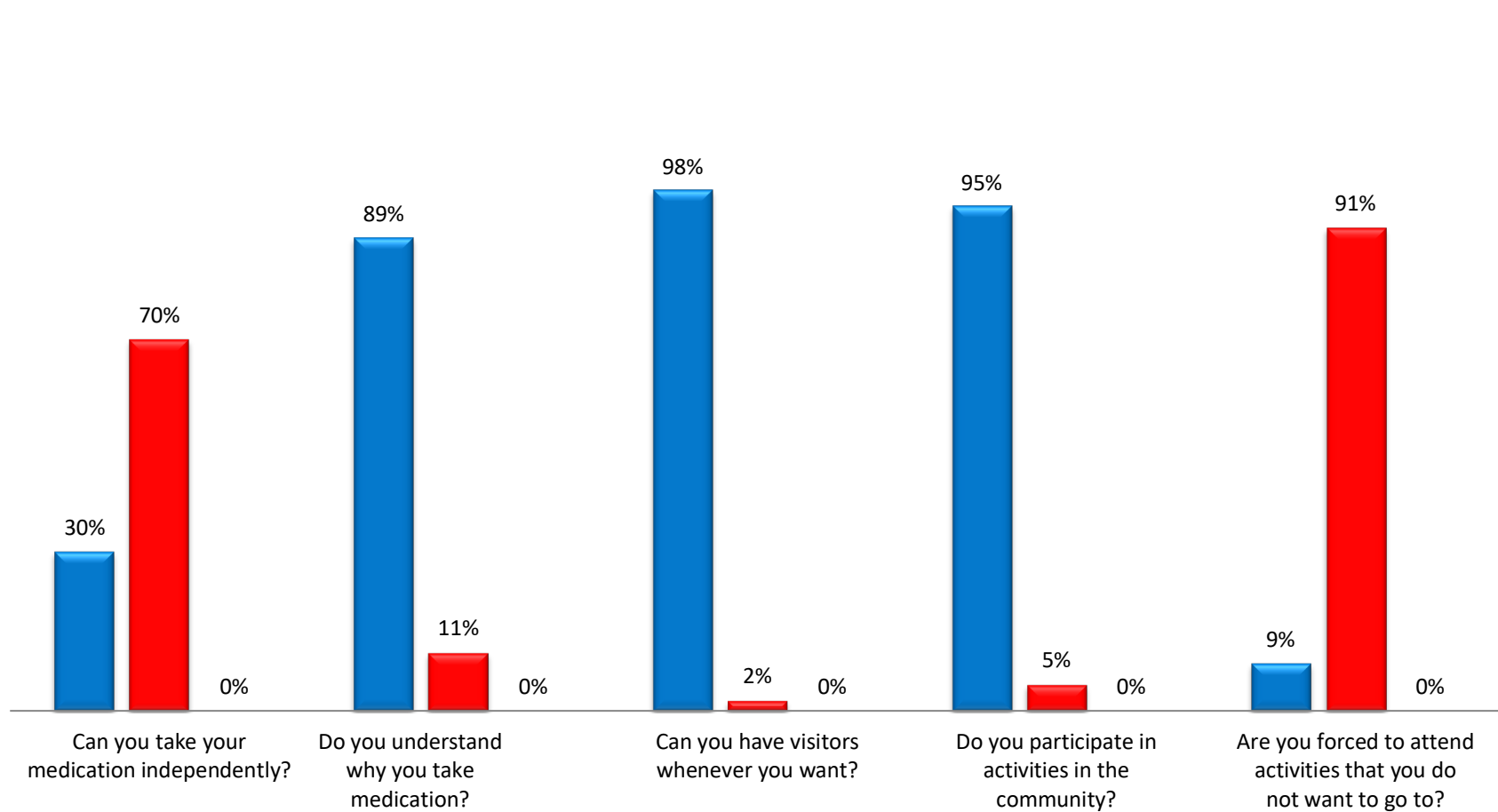
2022 Horizons Member Right Survey - 5

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



2022 Horizons Member Right Survey - 6

■ Yes ■ No ■ No Response/Not Applicable or Don't Participate



Comparing 2021 to 2022 – We were unable to compare this year to last year as we have changed the format of the questions.

Horizons Unlimited 2021-2022 Outcome Measurement System-Key Performance Indicators

HCBS: SUPPORTED COMMUNITY LIVING (SCL)

Outcomes:

1. Members receiving SCL supports maintain their independence and mental and physical health (Effectiveness measure)
2. SCL staff provide monthly budgeted units for members (Efficiency measure)
3. Members receiving SCL services receive daily living skills development necessary to live as independently as possible. (Access measure)
4. Members self-report they are satisfied with their services. (Satisfaction)

Extenuating circumstances: (Covid-10 pandemic, funding availability, staff capacity, low referral numbers)

Assessment: 21 members receiving SCL services 7-1-22

Decrease in hours noted. Staffing issues were the cause of decreased hours provided. Both King Street and Lawler sites lost staff. We will continue our current plan for 2022-2023.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2022 Goal	2022 Results	2021 actual
1. % of SCL clients who do not require a hospital admission per quarter. Annual goal based on quarterly average.	All members receiving SCL services-	QA coordinator- Monthly totals reported by quarter	July- 100% Aug- 100% Sept- 100% 100%	Oct- 100% Nov-100% Dec-100% 100%	Jan- 100% Feb- 100% Mar- 100% 100%	April-19/20 95% May-100% June- 100% 98%	90%	100%	100%
2. SCL team meets their monthly budgeted units- averaged monthly/quarterly/ annually	All members receiving SCL services	QA coordinator Executive Director- Quarterly Average	July- 82% Aug- 91% Sept- 82% 85%	Oct-88% Nov- 85% Dec- 79.5% 84%	Jan- 69% Feb- 68% Mar- 98% 78%	April-88% May- 80% June-79% 82%	80%	82%	88%
3. % of members in SCL services who participate in daily skills development. Quarterly average/census	All members receiving SCL services	Leadership and QA teams. Reported monthly as average/census	July-21/21 8-21/21 9-21/21 100%	Oct-21/21 Nov- 21/21 Dec- 21/21 100%	Jan- 21/21 Feb - 21/21 Mar- 21/21 100%	April- 21/21 May- 21/21 June- 20/20 100%	90%	100%	99%
4. % of members receiving SCL services who would rate their service as good or very good.	All members receiving SCL services	QA coordinator Annually	N/A	N/A	N/A	N/A	90%	100%	92%

Horizons Unlimited 2021-2022 Outcome Measurement System-Key Performance Indicators

HCBS: Community Employment Services: Job Placement (Development, Training and Support) IVRS

Outcomes:

1. The number of members working in integrated competitive employment increases annually (Effectiveness measure)
2. Billing will increase to build sustainability for Job Placement services. (Efficiency measure)
3. The number of new job placements increases annually. (Access measure)
4. Members receiving job services self-report they are satisfied with their services. (Satisfaction)

Extenuating circumstances: (Covid-19 pandemic, decrease in referrals, managed care, transportation barriers, staff capacity, limited jobs in smaller community size, increasing age of members and new admits)

Assessment: New questions used to assess member satisfied question # 4. Some members without jobs answered No. The questions were not clear and will be changed next year to only be answered by members with a job. We will continue our current plan for 2022-2023.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2022 Goal	2022 Actual	2021 Actual
1. All members working in community employment-competitive and volunteer	All members working competitively and receiving ongoing supports.	Job Development Coordinator and Executive Director	July-12 Aug- 10 Sept-16 13 avg	Oct - 16 Nov-14 Dec- 17 16 Avg	Jan- 19 Feb- 20 Mar-21 20 Avg	Apr- 18 May- 20 Jun-19 19 Avg	Increase by one per quarter	Increased by 5 members	Loss of 2
2. MCO and IVRS billing meet expenses reviewed monthly for quarterly averages.	All members receiving Employment services	QA Coordinator and Executive Director	July (-671) Aug+ 271 Sep-(-2391)	Oct-(-1016) Nov-(-1562) Dec-(-803)	Jan-(-878) Feb- (+1437) Mar +4669	Apr +5641 May +3083 Jun +2453	No loss on balance sheet	Gain 2290	Net Loss for year
3. The number of new job placements/quarter for an annual total	All members receiving Employment services	Job Development Coordinator and Executive Director	July-0 Aug- 0 Sept-1 SL 1	Oct- 0 Nov-0 Dec- 3 3	Jan- 2 Feb- 1 Mar-1 4	Apr- 0 May- 1 Jun-0 1	Increase by one per quarter	Goal of new jobs met. Several members lost jobs each quarter	Goal Met
4. % of members receiving job services who would rate their service as good or very good.	All members receiving Employment services	QA coordinator Annually	N/A	N/A	N/A	N/A	90%	85%	92%

Horizons Unlimited 2021-2022 Outcome Measurement System-Key Performance Indicators

HCBS: RCF Group Homes

Outcomes:

1. Members receiving RCF supports maintain their independence and mental and physical health (Effectiveness measure)
2. RCF staff meet monthly budgeted daily units for members (Efficiency measure)
3. Members receiving RCF services receive the daily living skills development that allows them to live as independently as possible. (Access measure)
4. Members self-report they are satisfied with their services. (Satisfaction)

Extenuating circumstances: (Covid-10 pandemic, funding availability, staffing challenges, low referral numbers, aging population, increasing levels of care)

Assessment: Continue to have openings at RCF level. Members need an intellectual disability diagnosis for admit and this limits the pool of available candidates. Aging population remains a concern. We continue to look into HCBS homes as an alternate solution and we will continue our current plan for 2022-2023.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2022 Goal	2022 Actual	2021 actual
1. % of RCF clients who do not require a hospital admission per quarter. Annual goal based on quarterly average.	All members receiving RCF services	QA coordinator- Monthly totals reported by quarter	July -100% Aug- 100% Sept-100% 100%	Oct- 100% Nov- 91% Dec-91% 94%	Jan- 100% Feb- 100% Mar-95% 98%	April-91% May - 100% June-100% 97%	90%	97%	99%
2. RCF teams maintain 100% occupancy rate average over group homes based on quarterly averages. 24 is base occupancy	All members receiving RCF services	QA coordinator Executive Director Quarterly Average	July- 92% Aug- 92% Sept- 92% 92%	Oct- 92% Nov- 92% Dec- 92% 92%	Jan- 92% Feb- 92% Mar- 92% 92%	April- 92% May- 92% June-92% 92%	100%	92%	95%
3. % of members in RCF services receiving daily skills development. Quarterly average/census	All members receiving RCF services	Leadership and QA teams	July- 100% Aug- 100% Sept-100% 100%	Oct- 100% Nov- 100% Dec- 100% 100%	Jan- 100% Feb- 100% Mar- 100% 100%	April - 100% May- 100% June-100% 100%	90%	100%	100%
4. % of members receiving RCF services who would rate their service as good or very good.	All members receiving RCF services	QA coordinator Annually	N/A	N/A	N/A	N/A	90%	95%	92%

2020-2021 Quality Improvement Plans
#1 Need for HCBS homes

Specific and Measurable Goal: Turn the 3 RCF Group homes into HCBS homes with 4-5 members in each home and purchase 2-3 homes to house the rest of the HCBS members

QA Issue	Date Implemented	Person Responsible	Steps and Progress	Date completed
Develop a quality improvement team for this goal	7-17-20	Janell Lindell Carla Firkins	Team consists of members of the leadership team and residential managers	8-12-20
Contact HUD for requirements	7-17-20	Janell Lindell Carla Firkins	We are authorized for 16 slots. They have no requirement if we divide into smaller homes	11-1-20
Contact HCBS for requirements	7-17-20	Janell Lindell Carla Firkins	No special requirements or licenses needed	11-1-20
Contact Realtors for appropriate homes in the area	7-17-20	Janell Lindell Carla Firkins	1-14-21 Continues. Realtors aware of our price range and requirements	
Board decision on merger	8-12-20	Janell Lindell Carla Firkins	No merger. 12-20-Need home that costs 150,00 or less	10-5-2020
Check with DIA on regulations for changing type of service		Deb Hughes	We can leave RCF status anytime we fall below 5 members and change to HCBS or HAB home. DIA just requires notification.	10-13-20

4-8-21 Plan on hold. No houses seen in proper price range. Not actively looking at this time.

7-13-21 Plan on hold. Continue to watch for homes in the area that would meet our needs and financial situation.

2020-2021 Quality Improvement Plans
#1 Need for HCBS homes

Specific and Measurable Goal: Turn the 3 RCF Group homes into HCBS homes with 4-5 members in each home and purchase 2-3 homes to house the rest of the HCBS members

10-7-21 Still watching for appropriate homes. May be able to change a group home into a 5 bed HCBS home due to attrition of members.

1-21-22 Continues on hold. 21st Street group home down to 6 members. Staffing issues now biggest concern. We are having problems hiring new staff to replace those retiring. A home would require additional staff.

4-8-22 Housing market remains tight with no appropriate houses seen this quarter. Staffing issues for expanding also remain an issue. Will continue to look for appropriate homes and address staffing if we find a home. Also looking at turning group homes into HCBS homes if we are unable to find members to keep census up.

7-28-22 Continue with same problems. No appropriate houses have been seen on the market. Staffing continues to be an issue. Census has remained stable at the group homes, but several members are close to needing a higher level of care.

2020-2021 Quality Improvement Plans
#7 Staff recruitment and Retention

Problem: Dwindling staff numbers. Few apply for openings. Fewer will come for interviews. Nationwide and local manpower shortage has been noted for last year.

Specific and Measurable Goal: Staffing levels will remain stable with any staff members leaving being replaced within 30 days.

QA Issue	Date Implemented	Person Responsible	Steps and Progress	Date completed
Develop a quality improvement team for this goal	7-13-21	Janell Lindell Carla Firkins	Team consists of members of the leadership team and residential managers	Ongoing
Explore all avenues of advertising to attract staff	6-28-21	Leadership Team	7-13-21 Utilizing Facebook, newspaper, and Iowa Workforce.	Ongoing
Raise starting salary for DSP and corresponding rate increase for current staff	6-28-21		6-28-21 Board approved raising the hiring rate to \$11.00/hr. All staff received a \$.75 raise 12-21 Increased base hiring rate to \$12.00	7-9-21
Possible further wage increases when MCO rate increases in effect	7-13-21		Staff Bonus in December	

7-13-21

10-7-21 Staffing is at full strength at the end of the 3rd quarter. We continue to look at any applications for suitable staff. Plan bonuses at the end of the year.

2020-2021 Quality Improvement Plans
#7 Staff recruitment and Retention

Problem: Dwindling staff numbers. Few apply for openings. Fewer will come for interviews. Nationwide and local manpower shortage has been noted for last year.

Specific and Measurable Goal: Staffing levels will remain stable with any staff members leaving being replaced within 30 days.

1-21-22 4th Quarter 2021- Year End appreciation bonus given to all staff based on years of service. Base rate of pay for hiring raised to \$12.00/hour.

4-8-22 Awaiting ARPA grant determinations for wage increases and/or bonuses. ED will begin attending team meeting for each site once a quarter.

7-28-22 Received ARPA bonuses in April. Inservice for direct care staff by Brenda Clark on "Stress and Body Language" was held in July. Managers are adjusting staff schedules to accommodate staff requests and better meet the staff needs while still assuring member needs are met.

2020-2021 Quality Improvement Plans
#8 Service Documentation Review

Problem: Our Information Measurement and Management Plan calls for 90% of staff documentation to be reviewed each month prior to billing. We average about 50% of documentation reviewed.

Specific and Measurable Goal: Each quarter the percentage of reviewed records will increase by 10 % until 90% is reached and maintained for 1 year.

QA Issue	Date Implemented	Person Responsible	Steps and Progress	Date completed
Develop a quality improvement team for this goal	10-11-21	Leadership team	Team consists of members of the leadership team and residential managers	10-11-22
Lack of personnel assigned to audit documentation	10-11-22		Each manager will assign a primary and backup person at their site whose responsibility it is to review documentation.	
Identify barriers to effective documentation and agency review before billing	1-20-22	QA Team	<ul style="list-style-type: none"> -Lack of consistent staff- staff leaving, vacations, medical leaves, etc -Privacy concerns to have more than one or two staff at a site auditing. -Some sites do not have overnights who have down time to do auditing. 	

2020-2021 Quality Improvement Plans
#8 Service Documentation Review

Problem: Our Information Measurement and Management Plan calls for 90% of staff documentation to be reviewed each month prior to billing. We average about 50% of documentation reviewed.

Specific and Measurable Goal: Each quarter the percentage of reviewed records will increase by 10 % until 90% is reached and maintained for 1 year.

10-7-21 Identified problem and agency lack to meet goal or progress in meeting goal. Managers are reassigning their staff to do auditing of their site's documentation. It is felt this step will allow us to reach 90% auditing.

1-20-22 No progress made. Percentage audited dropped to new low in December. Vacations, staff medical leaves, and loss of staff at most sites cited as main reason. Discussed hiring a person to audit records, but we are having problems recruiting staff at present. Will continue to discuss options at weekly Managers meetings.

4-8-22 Still discussing possible solutions. New training scheduled online from IACP in April on new guidelines for training staff on documentation.

7-28-22 Staff shortages have cause log auditing to decrease. Discussed hiring a part time person as some sites do not have people with quiet time like overnight. Will add item to monthly QA meetings. Managers to come up with new assignments at each site. When that is completed, will have a training for all log auditing staff to assure consistency in standards.