



Program Evaluation

2022-2023

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.

2022-2023: New floor installed at 15th and 19th Street Group Homes. All bathrooms at 15th & 19th received new bathroom vanities and floors. New carpet was installed in all group home bedrooms if they were needed. 21st Street Residential Care Facility was transformed into a HCBS home on May 1st. Four new vehicles were purchased this year with 2 of them being paid for by ARPA grants. Windows at King Street and 3 new laptops were purchased with a Wild Rose Casino grant. Sidewalks were repaired at 15th and Lawler and new driveway at King Street, this with Care Connections grant money. Starting September 1st we switched over to a new documentation software and a new Med Support software on October 1st. Also, with the ARPA grant all bathrooms at Lawler and King Street were replaced with showers.

Demographics of Our Member Population

We provided services to 48 individuals in the 2022-2023 fiscal year. We had three admissions, one transfer and two discharges (one needed higher level of care and one moved to another facility). Two of our admits were in the younger 18-39 age group.

Age breakdown:

18-39 years old	13 members
40-50 years old	8 members
51-60 years old	13 members
61-70 years old	6 members
71-80 years old	6 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 44 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 6-30-23

33 members are on the Intellectual Disability Waiver
7 members are on the Habilitation (Mental Health) Waiver
2 members are Private Pay for their services
2 member receives County services
1 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

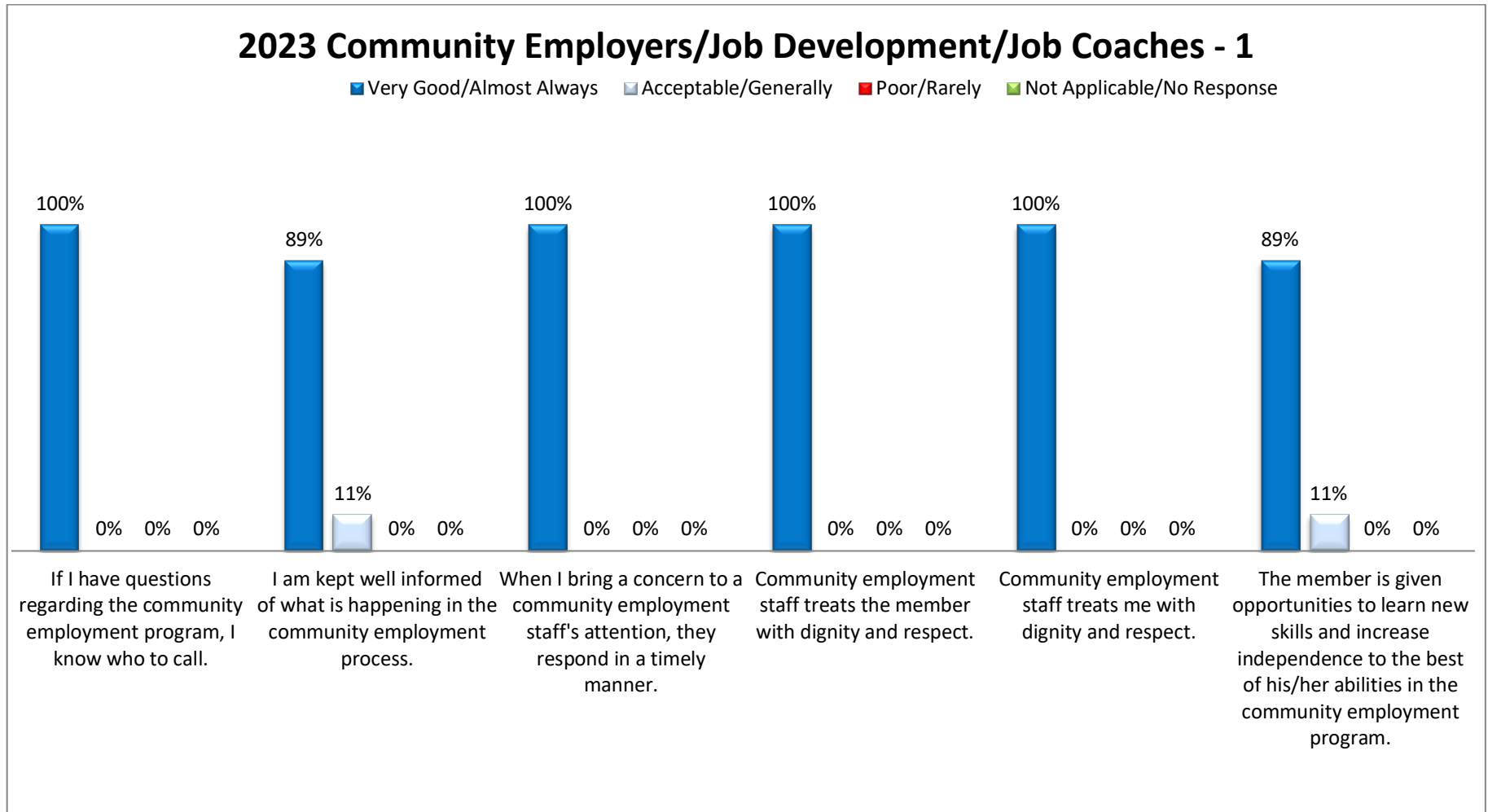
meeting our admission criteria for the group home vacancies. We are noting an increase in requests for IVRS services at the end of the fiscal year.

SATISFACTION SURVEYS

All categories of satisfaction surveys were done with manual methods again this year. Member surveys were completed with staff assist. Staff surveys were delivered to staff by their managers and turned into Jess Haffner for confidentiality. Family/Guardian surveys were mailed with a self-addressed stamped envelope for return.

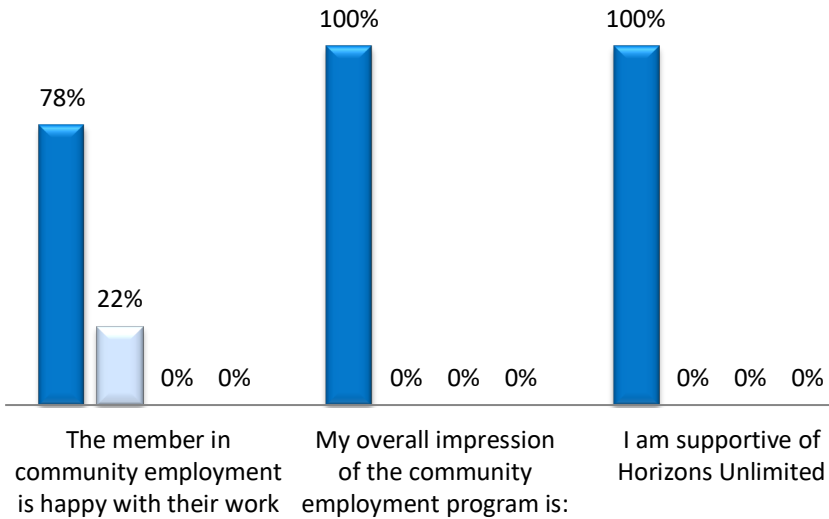
All members also completed a Quality of Life Assessment. These are reviewed in their annual staffing meeting to assure that individual needs are met.

Total of Surveys Evaluated - 9



2023 Community Employers/Job Development/Job Coaches - 2

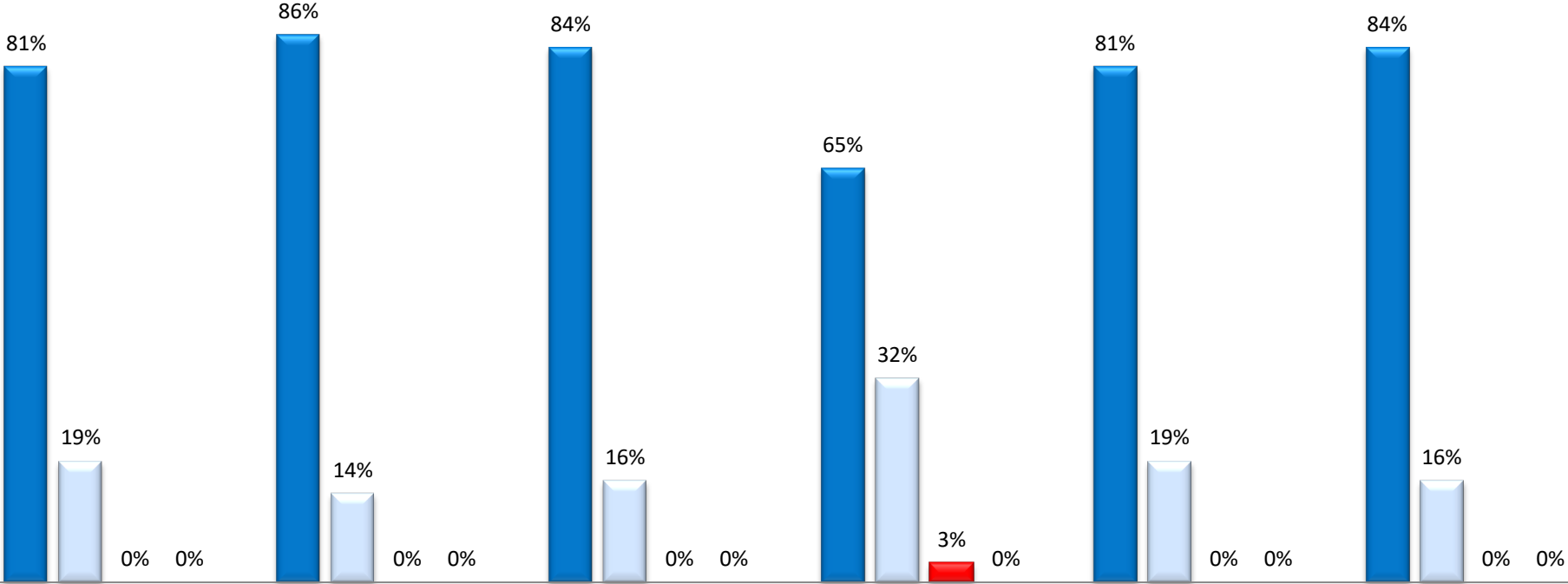
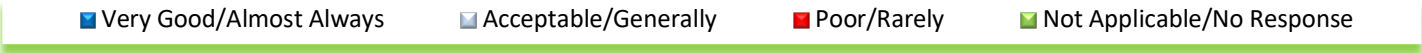
■ Very Good/Almost Always ■ Acceptable/Generally ■ Poor/Rarely ■ Not Applicable/No Response



Comments:

- We enjoy having our member come and help us keep our office looking Spiffey!

2023 Horizons Employee Satisfaction Survey - 1



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.

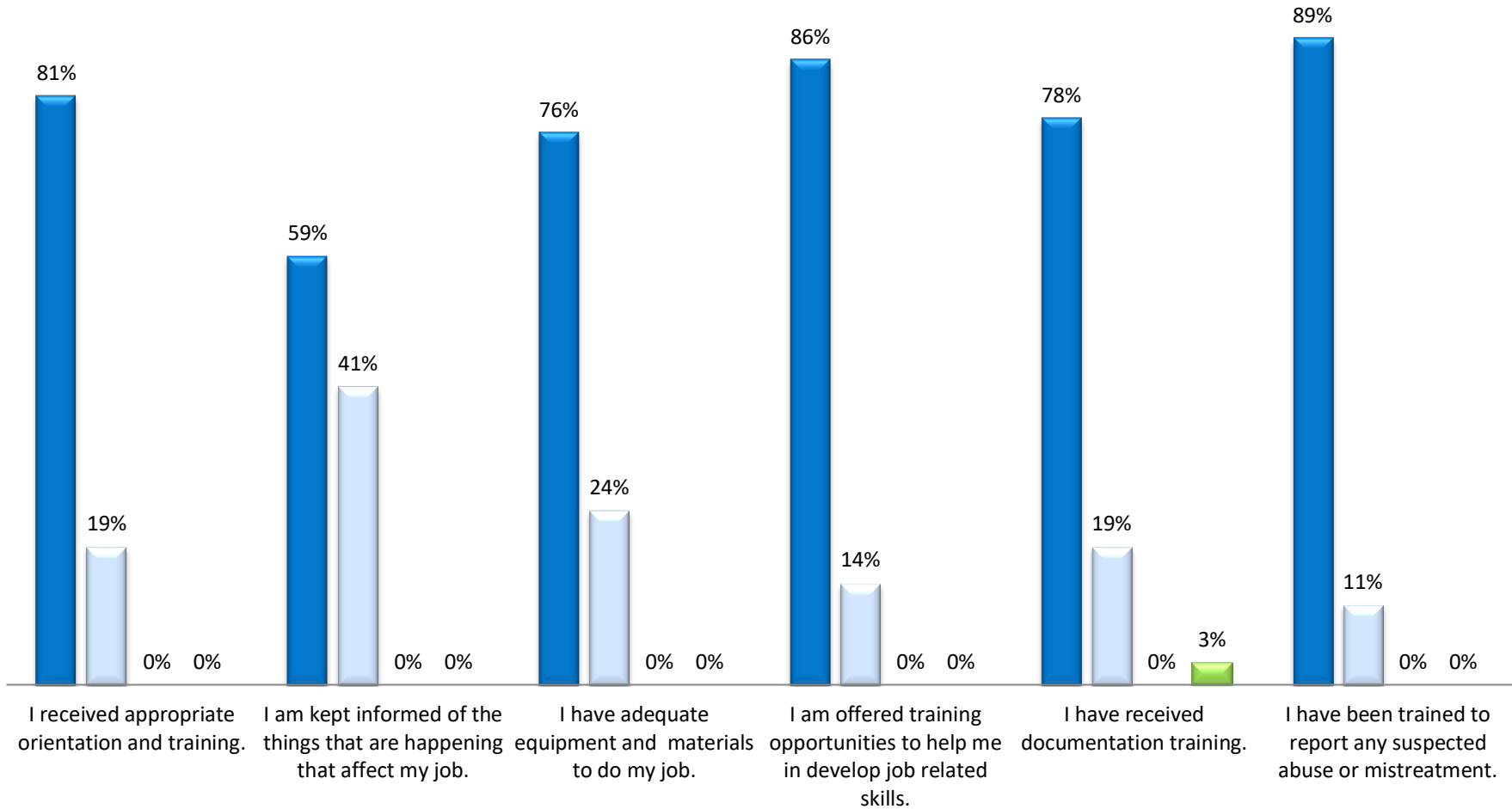
Good teamwork is practiced on my shift with most employees willing to work together and help each other out.

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

Facilities and grounds are kept in good repair.

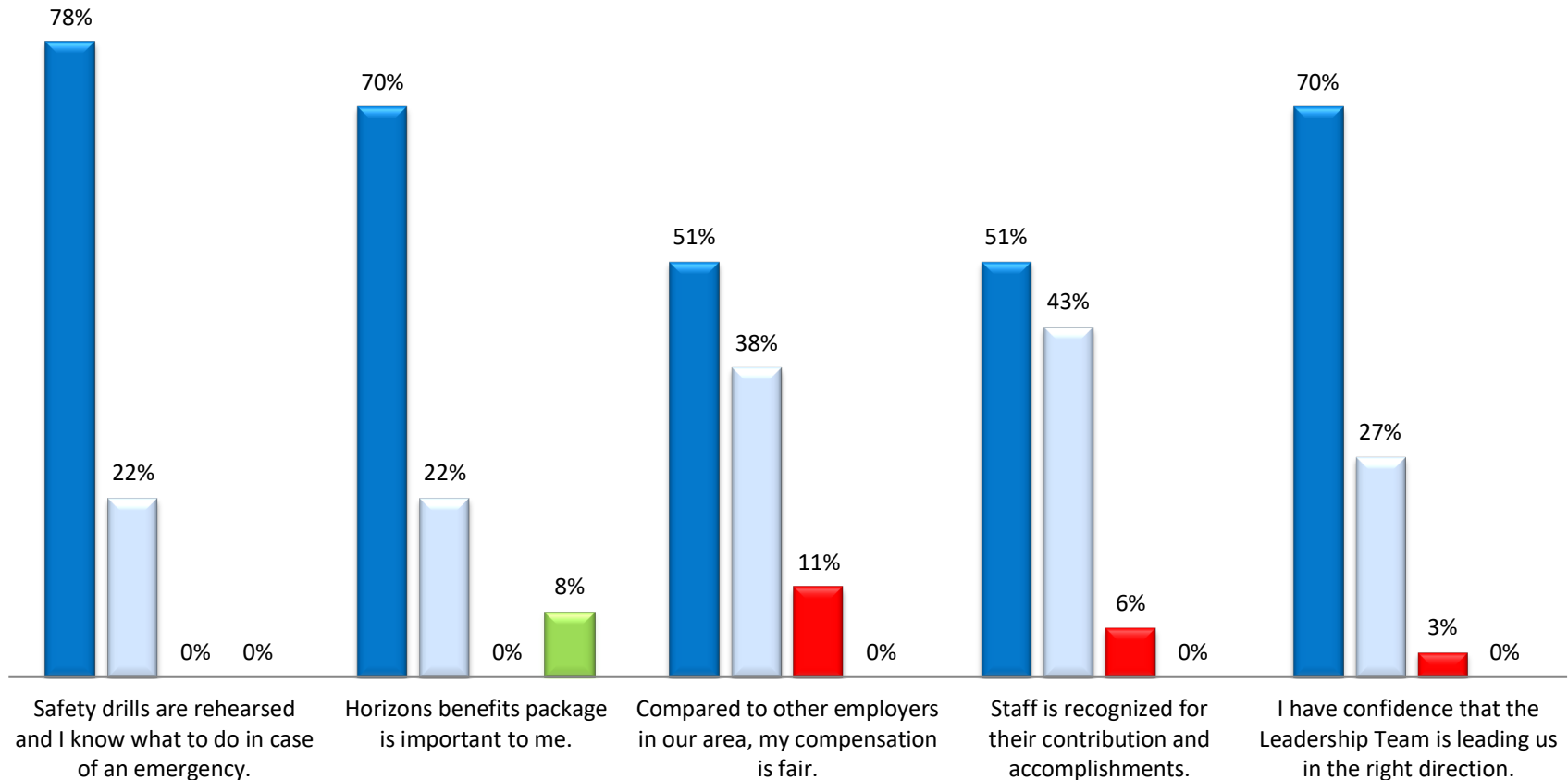
2023 Horizons Employee Satisfaction Survey - 2

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



2023 Horizons Employee Satisfaction Survey - 3

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



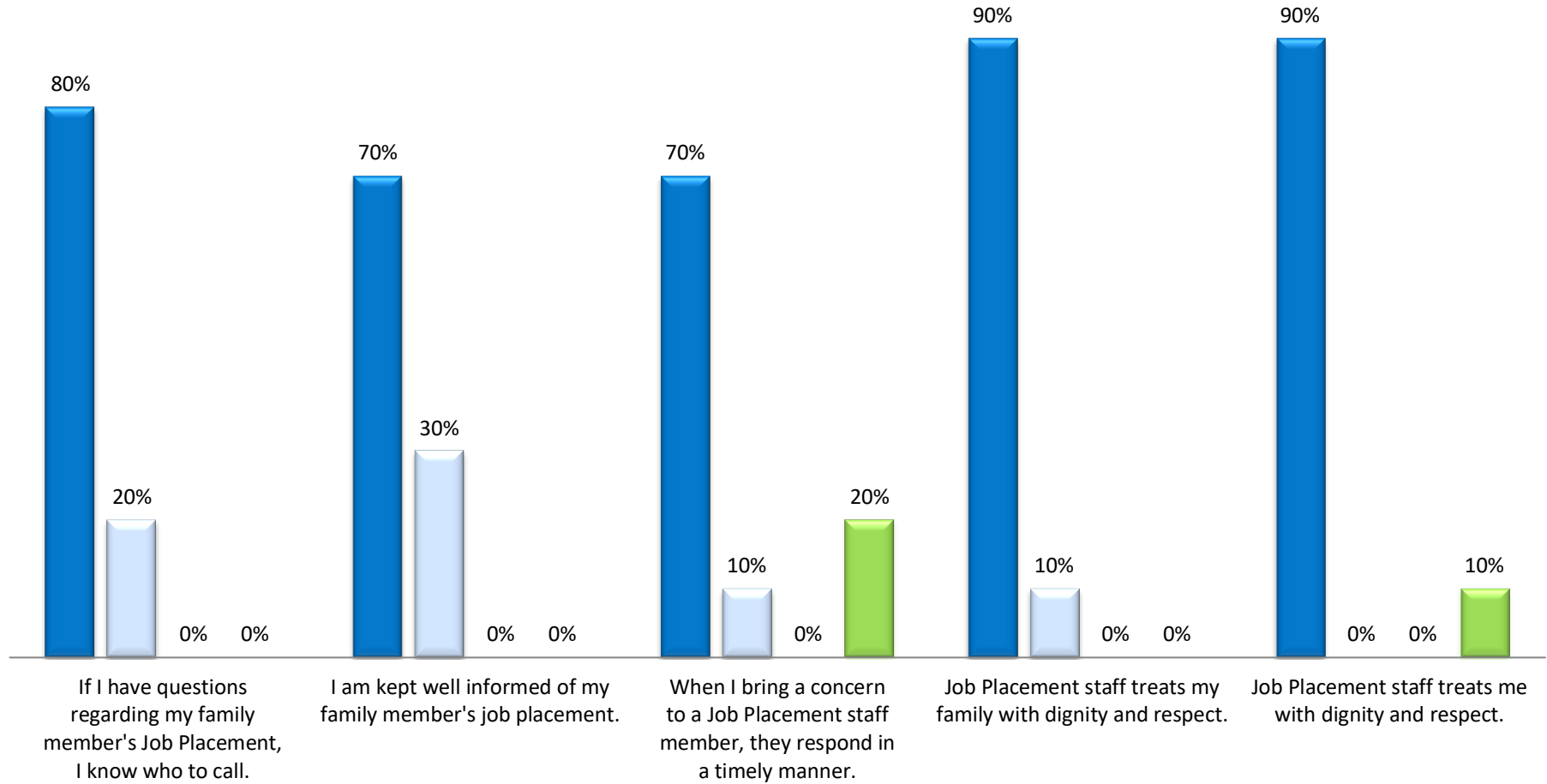
Comments:

- I love working here!
- Food Service and gas stations make more money.
- My supervisor and I make a great pair. I adore her.

Total of Surveys Evaluated - 10

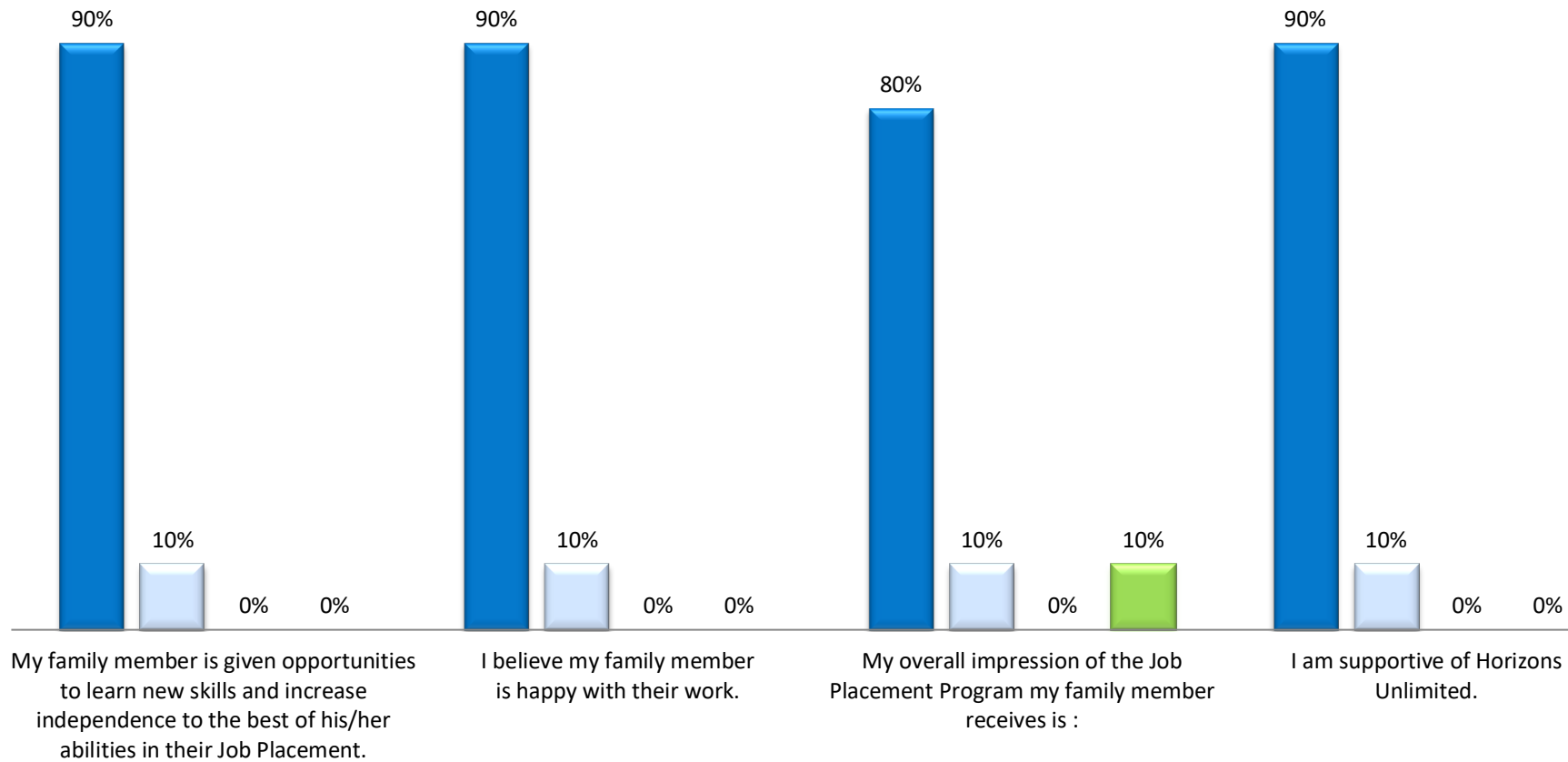
2023 Parent/Guardian Satisfaction Survey for Job Placement - 1

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



2023 Parent/Guardian Satisfaction Survey for Job Placement - 2

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

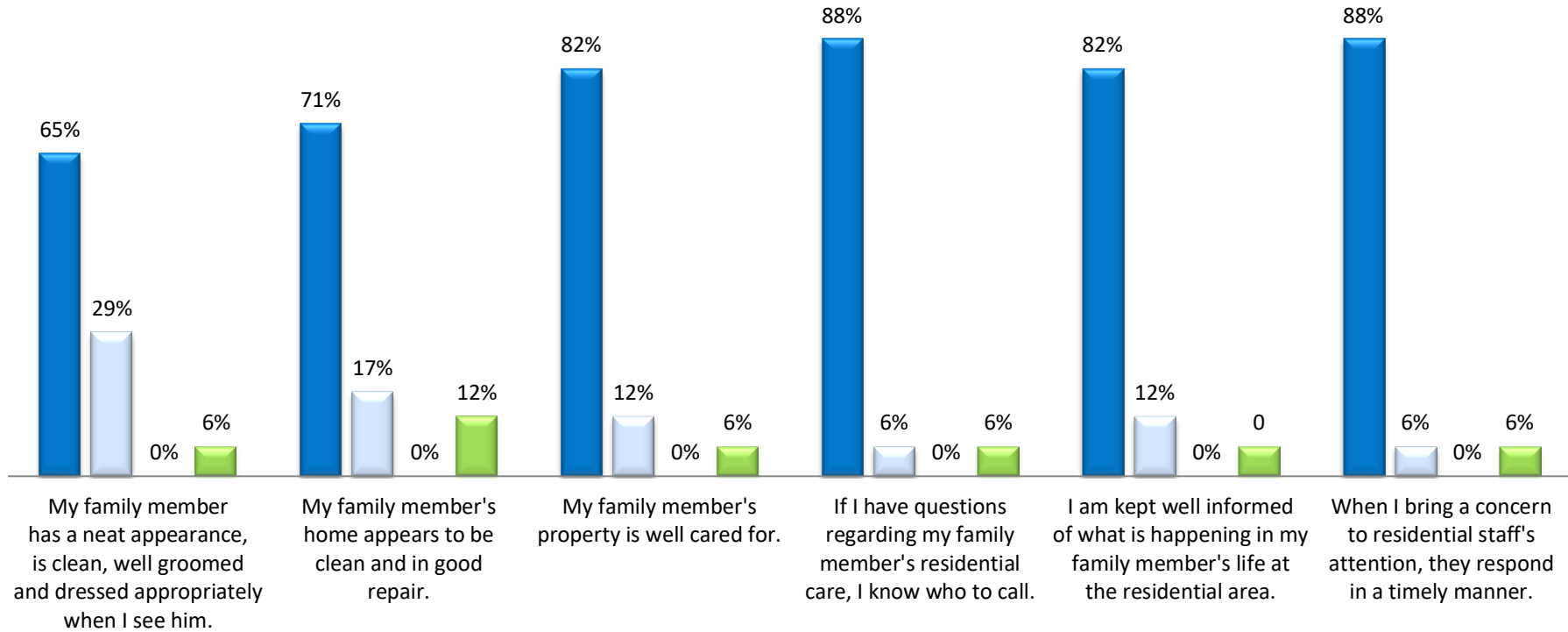


Comments:

- Awesome!
- We know Emmetsburg provides limited opportunity and job placement has had turnover, but limited employment remains a concern for us.

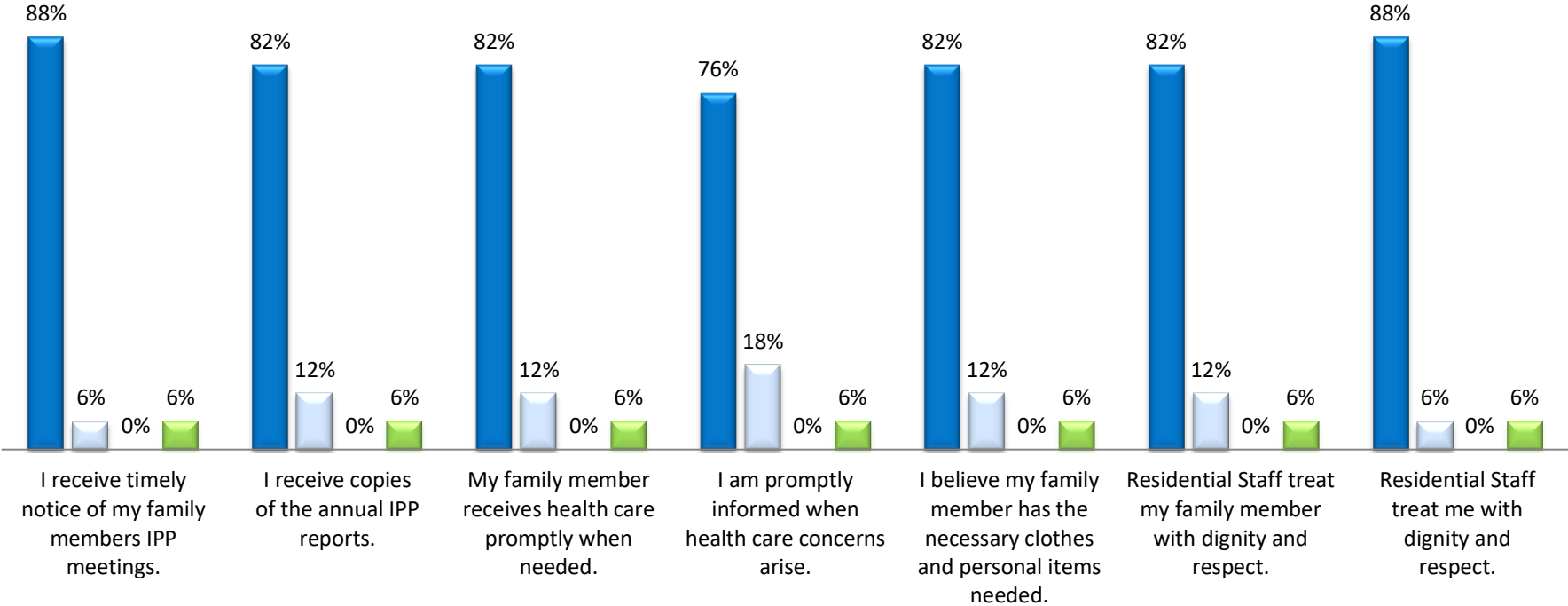
2023 Guardian/Parent Residential Satisfaction Survey - 1

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



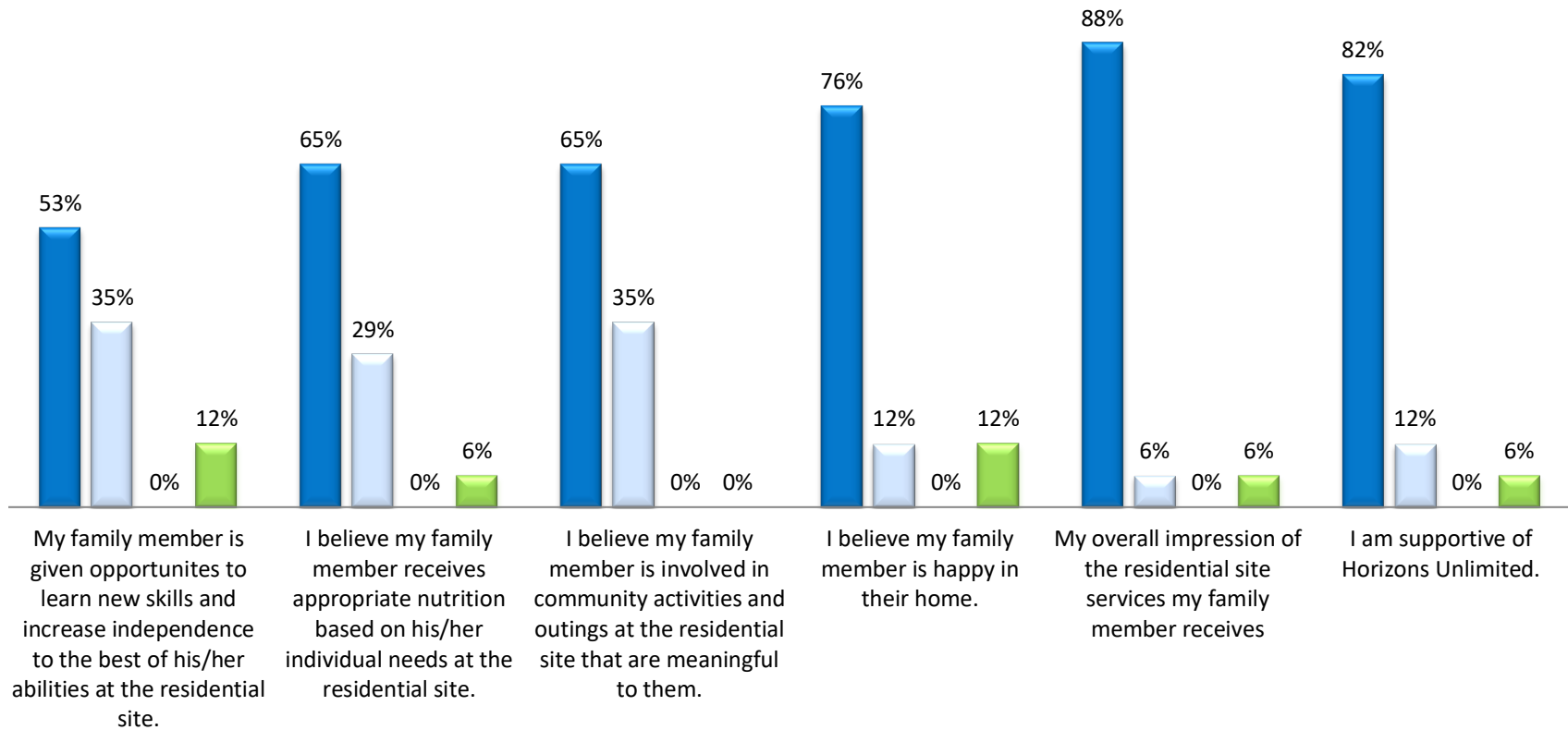
2023 Guardian/Parent Residential Satisfaction Survey - 2

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



2023 Guardian/Parent Residential Satisfaction Survey - 3

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



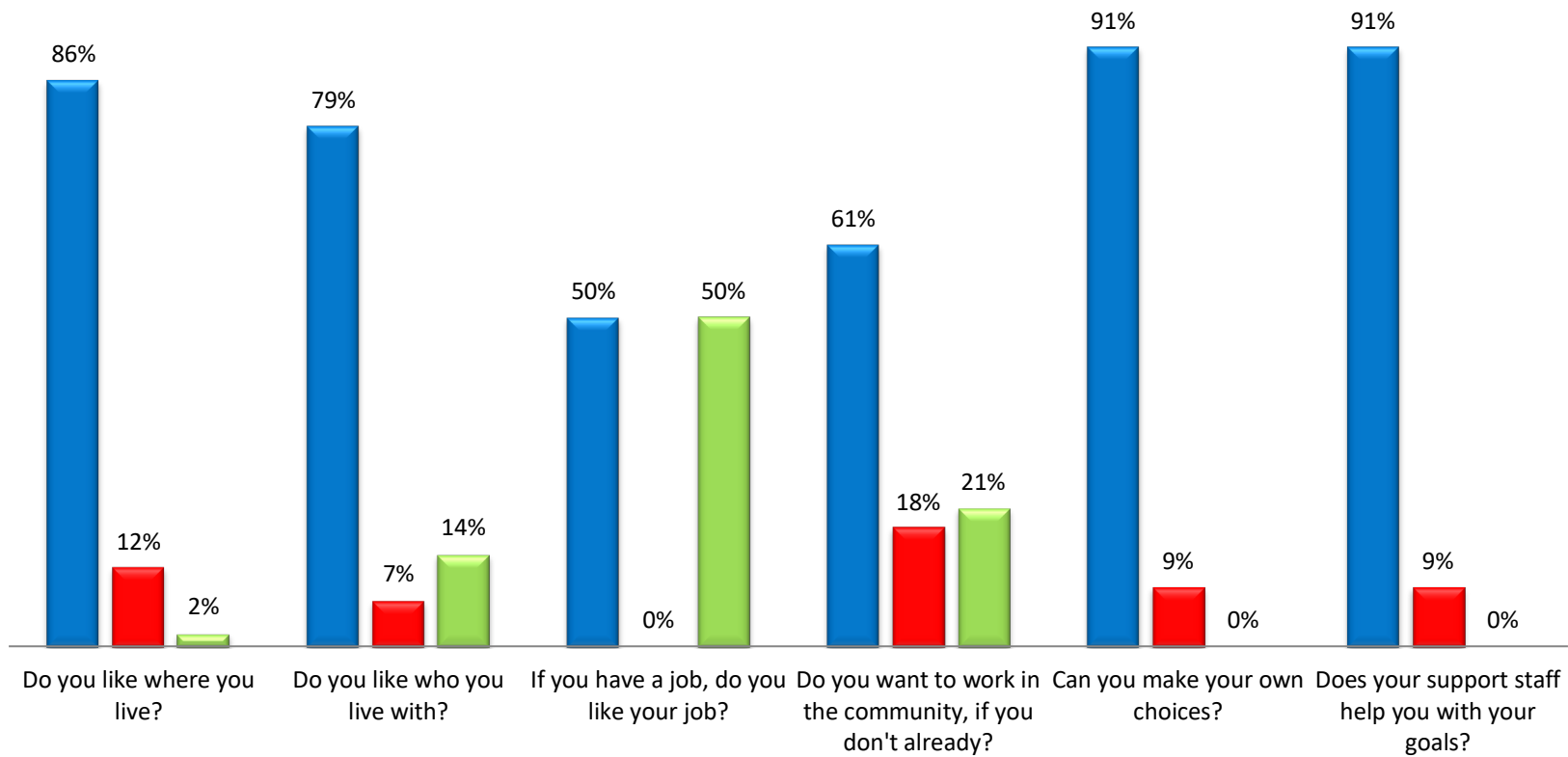
Comments:

- Everything is very good!
- Awesome Job!
- We feel staff have gone above and beyond at times addressing our child's needs!
- Very satisfied.
- Very good and caring!
- Awesome!

Total of Surveys Evaluated - 44

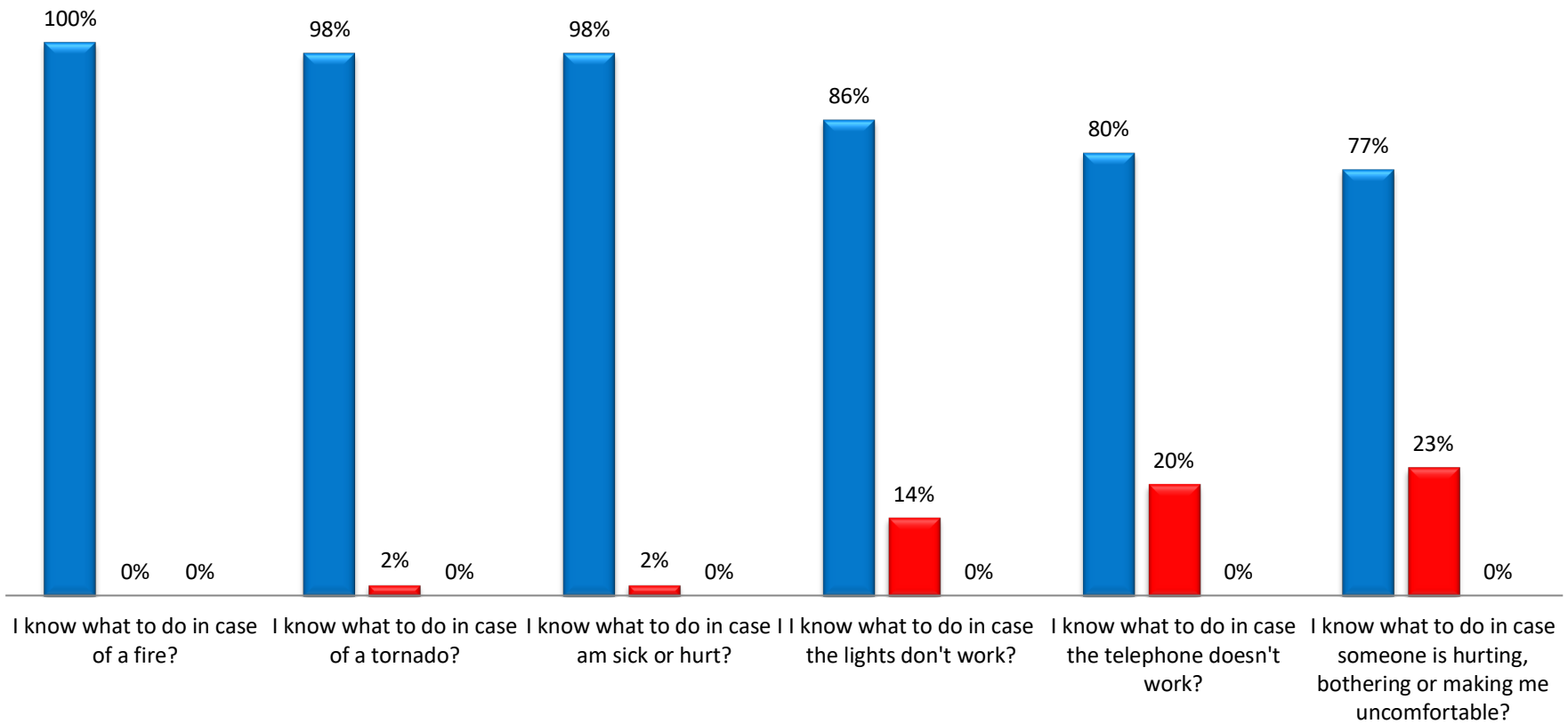
2023 Horizons Member Right Survey - 1

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



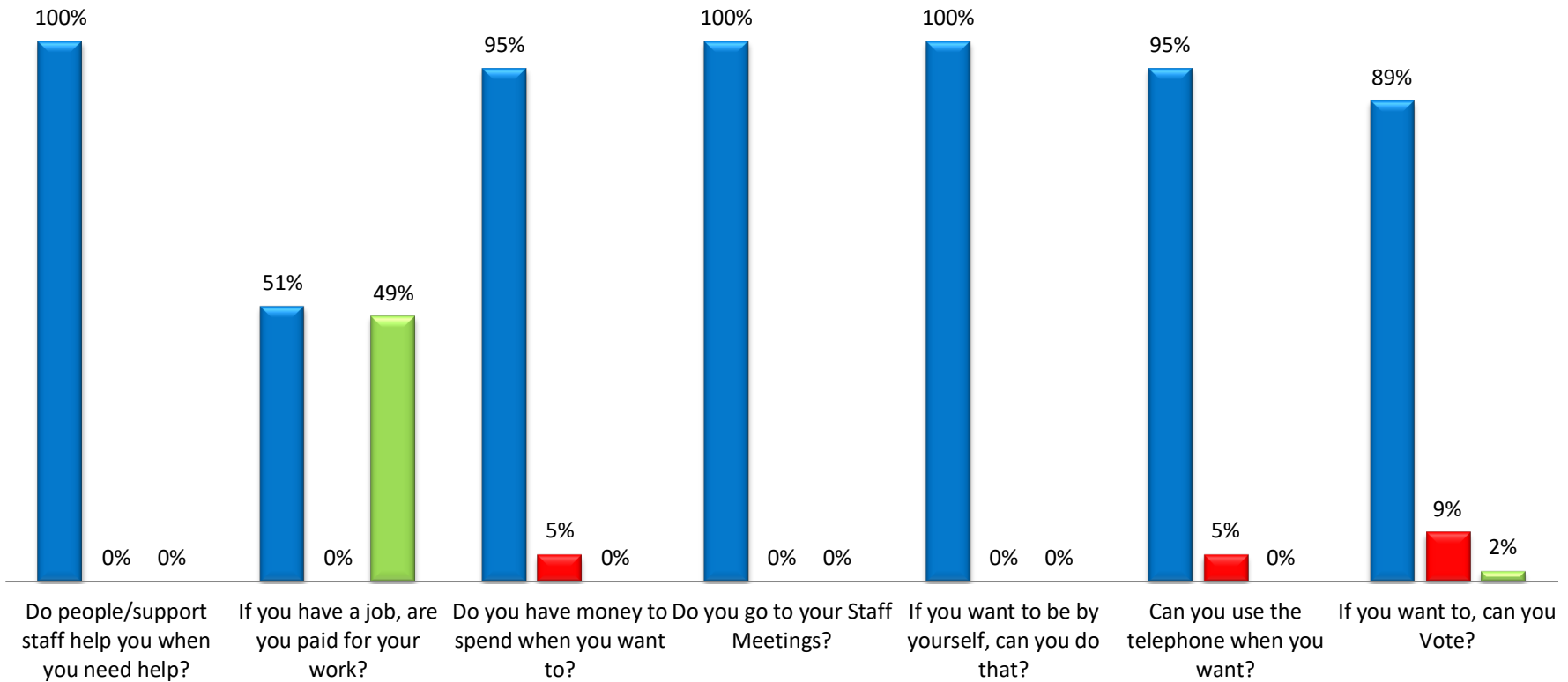
2023 Horizons Member Right Survey - 2

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



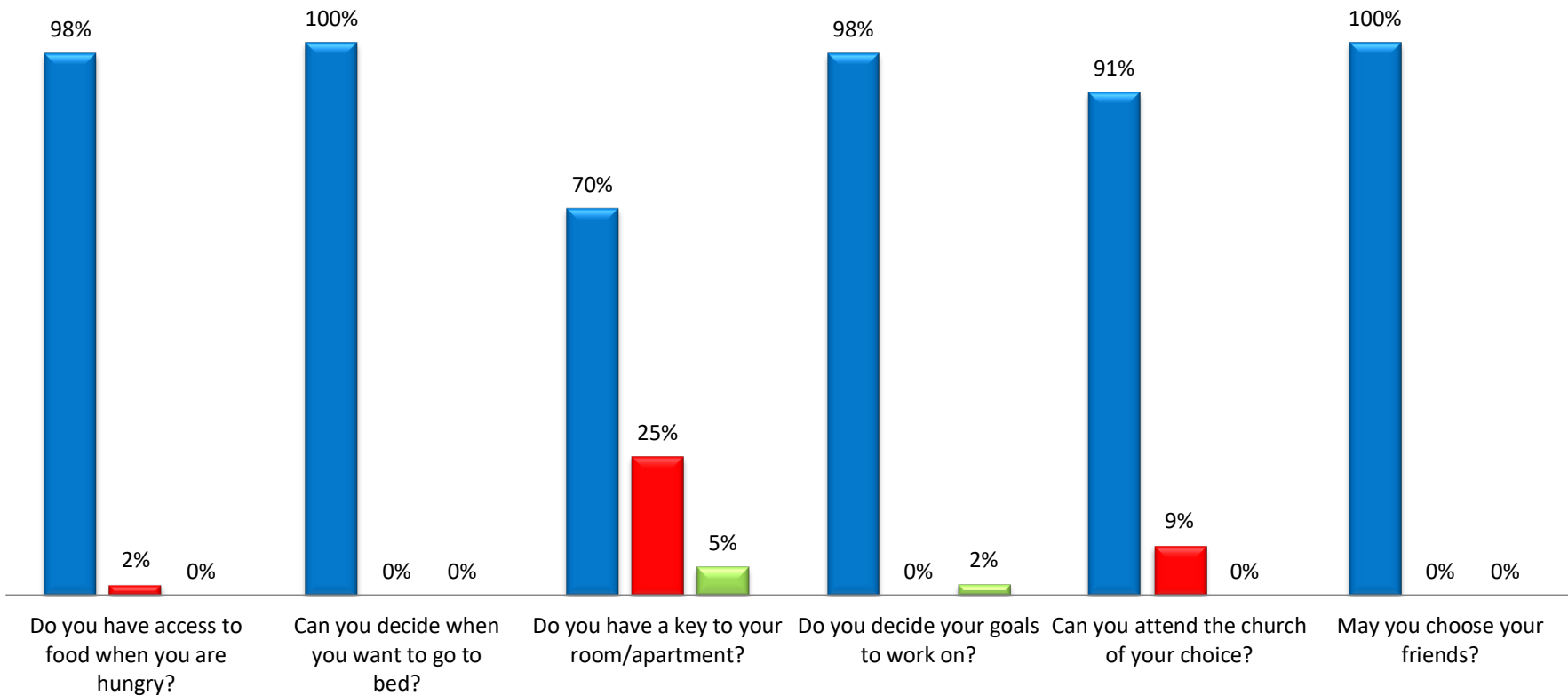
2023 Horizons Member Right Survey - 3

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



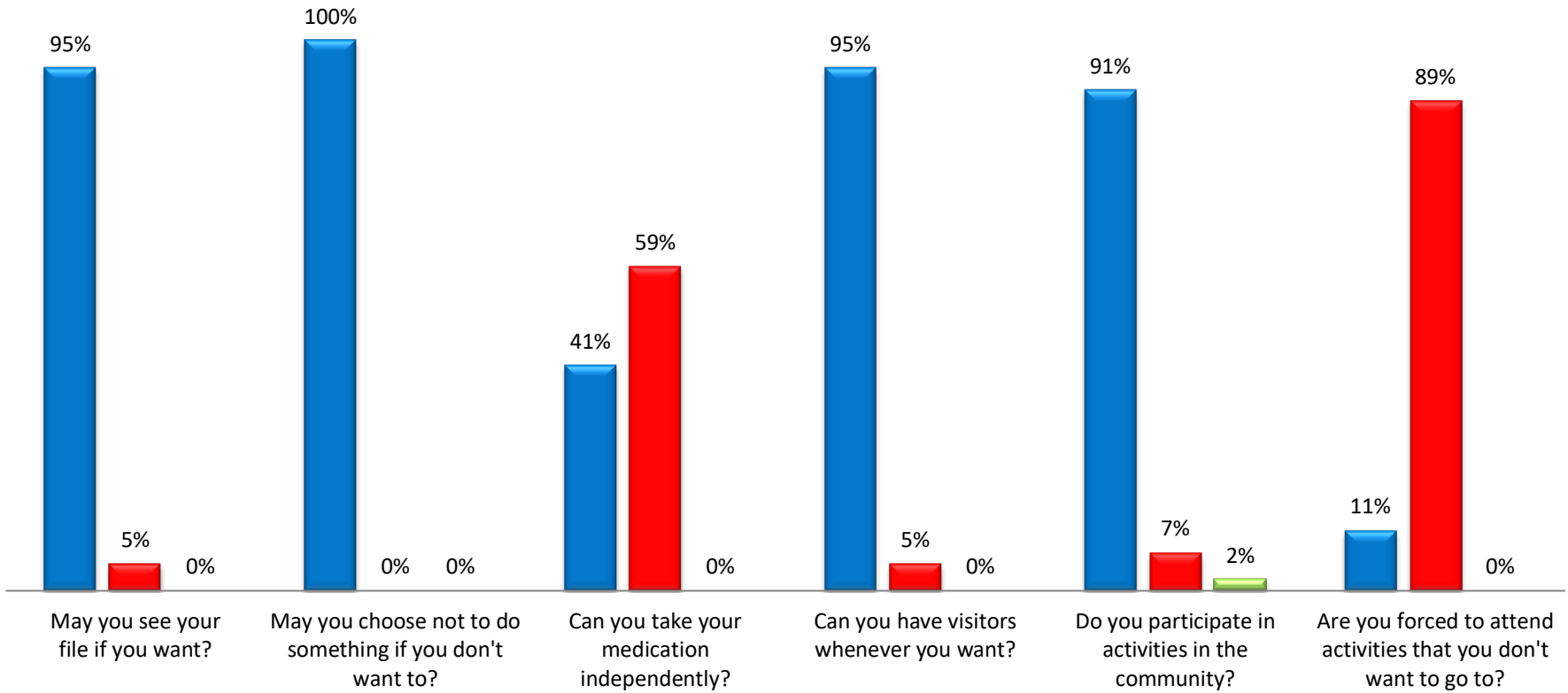
2023 Horizons Member Right Survey - 4

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



2023 Horizons Member Right Survey - 5

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



Horizons Unlimited 2022-2023 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: 22 members receiving SCL Services 7-28-23

Goals met at this time.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2023 Goal	2023 Results	2022 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- 95% Feb- 100% Mar- 100% 98%	April 100% May-100% June- 100% 100%	90%	99.5%	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- 68% Aug- 92% Sept- 91% 84%	Oct-95% Nov- 95% Dec- 88% 84%	Jan- 97% Feb- 88% Mar- 98% 94%	April-94% May- 92% June-88% 91%	80%	90.5%	82%
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	# of members July- 21/21 Aug- 21/21 Sept- 21/21 100%	# of members Oct- 21/21 Nov- 21/21 Dec- 21/21 100%	# of members Jan- 21/21 Feb – 21/21 Mar- 21/21 100%	# of members April- 22/22 May- 22/22 June- 22/22 100%	90%	100%	100%
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%	100%

Horizons Unlimited 2022-2023 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 # 3. Some members without jobs were answered No. The questions were not clear and were changed in 2022 to only be answered by members with a job. Will continue current plan next year.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2022 Goal	2023 Actual	2022 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-18 Aug- 17/2 Sept-17/1 18 avg	Oct – 17/2 Nov-17/1 Dec- 16/3 18 Avg	Jan- 16/2 Feb- 17 Mar-19 18 Avg	Apr- 14/2 May- 18/2 Jun-18/1 18 Avg	Increase by one per quarter	On Average 18	Increased by 5 members
2. MCO and IVRS billing meet expenses reviewed monthly for quarterly averages.	All members receiving Employment services	QA Coordinator and Executive Director	-1,833.86	+9,763.87	+6,345.09	+6,737.90	No loss on balance sheet	Yearly +119,609.50	Gain 2,290
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- 2 Sept-0 2	Oct- 1 Nov-0 Dec- 3 1	Jan- 0 Feb- 0 Mar-0 0	Apr- 0 May- 4 Jun-1 5	Increase by one per quarter	On Average Goal is Met	Goal of new jobs met. Several members lost jobs each quarter
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%	90%	85%

Horizons Unlimited 2022-2023 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: 21st Street RCF home became a 5 bedroom HCBS home in May 2022. Next year our base numbers are decreasing to 16 beds.

Categories of Measures	Applied To	Date Collected by:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2022 Goal	2023 Actual	2022 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 -95% Aug- 100% Sept-100% 98%	Oct- 100% Nov- 100% Dec-90% 97%	Jan-95% Feb-100% Mar-100% 98%	April-100% May -90% June-100% 97%	90%	97%	97%
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	<u># of members</u> July-22 for 92% Aug-22 for 92% Sept-22 for 92% 92%	<u># of members</u> Oct-22 for 92% Nov-22 for 92% Dec-21 for 88% 91%	<u># of members</u> Jan-21 for 88% Feb-21 for 88% Mar-20 for 83% 86%	<u># of members</u> April-20 for 83% May-20 for 83% June-21 for 88% 85%	100%	88%	92%
3. % of members in RCF services receiving daily skills development. Quarterly average/census	All members receiving RCF services	Leadership and QA teams	<u># of members</u> July-22 for 100% Aug-22 for 100% Sept-22 for 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%	95%

**2022-2023 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	On-going
Board decision on merger	8-12-20	Janell Lindell Carla Firkins	No merger. 12-20-Need home that costs 150,00 or less	10-5-20
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.

2022-2023 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.

10-13-22 Continue with same barriers-no suitable homes available and staff shortage. 30-day notice given to a member at 19th Group Home. Plan to invite a member of 21st group home to move there when room is vacated. Then we would begin proceedings to make 21st Street group home into an HCBS home.

12-30-22 Member that was given her 30-day notice is staying at 19th street. Member is also being discharged from 19th street due to needing a higher level of care and she has been in the hospital since 12/16/22. She will be moving to Lakeside Lutheran Home in Emmetsburg. There is now another opening at 19th street, the one person who could move from 21st street does not want to move. So we are looking for a female referral to fill that bed. Did have a referral that we are looking into. Still continue to try and make 21st street our first HCBS home. Continue to work on staffing, looking for suitable houses to buy and continues to review referrals.

1-1-2023 to 3-31-2023 Member was given a 30 day notice again and she moved out to another facility on March 6th, 2023. Another member plans on moving from 21st street to 19th street. This will make 21st street suitable for an HCBS home with the number of members. Carla to be in contact with our HCBS specialist for further details. She will also contact DIA. Plans are moving forward

4-1-2023 to 6-30-23 21st Home became an HCBS home May 1st, 2023. ARPA grant to purchase homes.

**2022-2023 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 - \$100 each staff	

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.

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.

2022-2023 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.

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.

10-13-22 Inservice by Brenda Hamilton Clark was held in July.
DSP appreciation week was held in September. Staff were presented with Tee-shirts and other gifts. A picnic was held in their honor. Drawings were held on Friday of that week for monetary gift cards and a free day of PTO.
We currently need 2 full time staff at 19th Street Home and a part time job coach. Projected loss of a part-time employee at 19th Street home in this next quarter due to a move.
New nurse has been hired to replace current Nurse/QA/Compliance who is retiring. She will begin 10-24-22.

12-30-22 Sharon Manwarren was moved to an SCL position in June/July. Hired at full-time DSP at 19th street and still need another Full-time DSP at 19th street. Still looking for a PT job coach. There is a 500.00 sign on bonus for referrals. We did have applicants from Indeed but when they would set up an interview, none of them showed up. Have taken applications off Indeed and the newspaper. Now it is just on Facebook, Iowa Workforce and town Roll-up. Carla is starting a Above and Beyond recognition and will had out coupons. The staff did have an appreciation but no one came. Have asked them in the past what they want and no one will respond. Continuing to work on wages, hiring, etc. In December, gave a \$100 Christmas bonus, approved by the board.

1-1-2023 to 3-31-2023- Hired two new staff. One for the part-time job coaching position and one for the part-time at 15th street for DSP. There are still two part-time openings at 15th and 19th street. Have not received any recent applications. Continuing to look at increasing wages as allows.

4-1-2023 to 6-30-2023

1 full-time and 2 part-time DSP positions open, 1 potential SCL position, depending on recruitment. Positions currently on Workforce, posted on Facebook (encourage staff to "share"), advertised on local cable channel, posted in front office window, HR at ILCC contacted to see about college students and word of mouth. Discussed regulations of hiring people without a high school diploma.

- Weekly DSP appreciation drawing to give a gift card to a random staff member.
- Pay raise July 1st
- Minimum starting wage increased to \$15/hour
- Celebrate DSP week
- Bonuses given through ARPA grant

**2022-2023 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 averaged over 12 months 76.17%.

Specific and Measurable Goal: Starting in January 2023, the percentage of reviewed records will be 80% for January, February, March. The percentage reviewed will move up to 85% for April, May, June. The percentage will increase to 90% for the remaining months: July, August, September, October, November, December. Then will maintain at 90% or above indefinitely.

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		Site Managers	Each manager will assign a primary and backup person at their site whose responsibility it is to review documentation. Need to review who is log auditing at each site.	10-13-22
Identify barriers to effective documentation and agency review before billing	1-20-22		QA Team	-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.	
Improve communication about log reviews and percentage on the 15 th of each month and 1 week before month end.	12-30-22		Kim Williams, RN	The QA coordinator will audit the reviewed log summary on the 15 th and last week of the month. Then email the site managers/coordinators with their percentage so they know where they are at.	
Time Stamps	12-30-22 3-31-22		Site Managers Kim Williams, RN	Auditing daily, QA person. Emails person responsible and manager to correct. Staff will email the manager for them to speak to their staff.	

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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.

10-13-22 Again reviewed current log auditing assignments at each site as goal still not met. Several staff have changed assignments in this last quarter. Nurse/QA will pick up auditing SE and SCL manager. New documentation system to start in November, so changes may need to be made then as well.

12-30-22 Have improved the audit percentages since July 2022, need to work on maintaining the 90% each month. New goal will be implemented starting January 2023. Still working on staff missing time-stamps, usually the same people who are forgetting to do them. There have been some changes to log auditing for certain sites. Sharon is auditing Lawler, Kim is auditing SE/SCL and Betsy is auditing Becky.

1-1-2023 to 3-31-2023 Significantly improved on the log auditing numbers. Have been in the 90's each month this quarter. Will be changing over to a new system called SetWorks from E-docs. Will need to be trained on how to log-audit in the new system and track that number.

4-1-2023 to 6-30-2023 Sites log audit review- Staff at each site continue to audit staff documentation. Goal met for >90% audited records. April: 90%, May 91%, June 99%. Consistently meeting our 90% goal