Liberty Healthcare Corporation

Quest
for Quality

LIBERTY QUEST FOR QUALITY
PROGRAM MANUAL

January 1, 2022

Mission

To be a trustworthy and outcomes-driven partner that empowers customers to achieve their goals with flexible and intelligent healthcare solutions.

Liberty Healthcare was founded to provide cost effective, quality healthcare management. In an era of rapid changes in ownership and bottom line-oriented decision making, Liberty's consistent leadership has kept the company focused on customer service and flexible, outcomes-driven delivery.

Core Values

Staff - Our greatest resource is our diverse workforce; our inclusive culture supports staff to achieve excellence

Empowerment - We empower our staff and the individuals we support to optimize independence, dignity, and success

Responsiveness - We anticipate and respond quickly, decisively, and effectively to any issue, concern, or request

Value - We drive value and outcomes through the quality, efficiency, and effectiveness of everything we do

Integrity - We strive to do the right thing, at the right time, for the right reasons

Collaboration - We partner with each other, our customers, and the individuals we support to achieve our mutual goals

Enterprising - We develop creative solutions to complex and challenging situations

Quest for Quality Purpose

In support of our mission, vision, and core values, the purpose of Liberty's Quest for Quality is to:

- Ensure that all services provided by Liberty Healthcare maintain current performance management standards that improve the value and quality of the services delivered to its recipients.
- To provide continuous improvement services that will ultimately improve the outcomes for individuals served.
- To achieve excellence through a consultative peer review process.
- Demonstrate commitment to the continuous improvement of their services with a focus on the needs and outcomes of individuals served.

Overview of The Quest for Quality

The Quest for Quality program has been designed to promote quality management within every area of the organization. As a diverse organization that delivers a multitude of services, it is our goal to ensure that each facet of our organization incorporates quality management into their area of operations. This pertains to all departments, programs, and services provided under the Liberty umbrella. With that, this document will refer to all Liberty entities as "services" forthwith.

The Quest for Quality is a new Liberty program that is effective January 1, 2022 and will be continually developed in order to maintain best practice and evidenced-based standards. All standards have been derived from best practices set forth by organizations such as: The Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and American Society for Quality, as well as Liberty's own best practices. Any changes to the Quest for Quality program will be vetted through the committee and widely communicated. Changes will be made only to enhance the service objectives as well as streamline the standards to ensure consistent quality management practice across services.

The Quest for Quality Committee understands that each Liberty service is unique and will therefore implement and document their quality initiatives through various methods. Therefore, one services' Quest for Quality efforts may look significantly different than another service. The goal is to individualize your quality initiatives based on service needs, the voice of the customer, and aim for successful outcomes that invoke quality services.

Each level of success is awarded through Key levels defined as: Bronze Key, Silver Key, and Gold Key. The levels are designed to develop, execute, and refine the services' quality Management Program.

The Bronze Level is the Introduction and Assessment phase. This is an opportunity for the service to assess current quality practices, needs and goals. All staff, at every level of the service, will be introduced to this initiative, gain an understanding of Quality Management principles and Culture of Quality, and be empowered to share and discuss their ideas. Within this level, the service leadership will introduce Quality Management guidelines, service specific Key Performance Indicators, and Culture of Quality to all staff.

The Silver Level is the Implementation phase. Through the knowledge obtained in the assessment activities of the Bronze Level, applicants will develop and implement a Quality Management System inclusive of an annual Quality Improvement Plan. Through a well-defined Quality Management program, all applicants in the Silver Key level will demonstrate their ability to assess their current processes while identifying deficiencies, opportunities for prioritizing, improving, and implementing quality improvement activities that lead to success.

The Gold Level is the Continuous Quality Improvement Phase. At the Gold Key level, applicants must show superior performance in areas of the criteria including leadership, strategic planning, and customer and staff satisfaction. In this phase, applicants critically analyze data and use the results to guide their actions. The Quality Improvement Plan and/or action plans are updated based on outcome measures. By completing the Gold Level standards, services take their quality journey to a higher level through the valuable feedback received in the application process and thereby reaching organizational goals.

Upon completion of all standards within the level, the service may apply to the Quest for Quality committee who will in turn review the necessary documentation that is required for each standard. Requirements for each level are delineated in the next section.

Applying for Quality Keys

Any Liberty service may apply for a Key Level certification at any time by submitting a Quest for Quality Program Certification form and sending it to the Vice President of Quality and Performance Improvement via email at Robin.Burkert@libertyhealth.com. All required documentation must be submitted with each application packet.

Each application and the corresponding documentation will consist of a thorough document review process that will be completed by the Quest for Quality Committee. The committee will inspect documentation to ensure there is a formalized system that documents processes, procedures, and responsibilities for achieving quality policies and objectives and thus consistently delivering a quality product or service to the individuals served. The documentation must accurately and succinctly document the service's structure, procedures, processes, and resources. Documentation may include, but is not limited to, communication of information, evidence of quality improvement activities, standard operating procedures, meeting minutes, educational activities, work plans, job descriptions, etc. In addition, the service leadership team will meet virtually with the review committee to address any questions, concerns, or feedback that the team may have as well as ask questions about their own internal processes and next steps.

In addition to the document review, the Gold Key level review will include a site visit by at least one or two members of the Quest for Quality Committee to establish a Culture of Quality exists within the entire workforce.

The review process will take approximately 30 days to complete. Upon achieving a Key Level certification, the service will be awarded certification and acknowledged companywide for this achievement. In the event the service is not successful in achieving a Key Level certification with the initial application, the Quest for Quality Committee will provide the service with a

detailed report that includes recommendations for improvement needed in order to accomplish the certification.

To apply for a Key Level, it is a requirement that the previous level has already been achieved. For example, to apply for the Silver Key Level, the service must have previously obtained the Bronze Key Level certification. There is no time frame in which you must wait in between applying for keys, however it is highly recommended that you apply for one key at a time to ensure you have achieved that level.

Certification for each key level will remain valid for 18 months. To progress to the next Key Level, each service must have been certified in the previous Key Level within the past 18 months. If 18 months has lapsed in between applications, you will be required to re-apply for the last level achieved.

For all services that have achieved Gold Key level certification, there will be a re-certification process that takes place every 18 months thereafter.

Bronze Key Requirements

	Bronze Key to Quality
Introduction and Assessment Phase	Service conducts a Quality Needs Assessment to determine and address the quality needs between the current environment, desired environment, and what opportunities for improvement exist. This can be done in a variety of ways that is conducive to the service such as using a GAP analysis, contract audit results, staff and customer input, existing data that reflects deficiencies, etc. • Generate a list of target areas that are deficient or minimally meeting a standard • Submit an outline of what indicators will be
	Leadership has introduced and actively campaigned the Quest for Quality program to all staff • Leadership communication methods to staff
	100% of staff have completed Culture of Quality Training • As evidenced by training records for each staff member • Note – As of 1/1/2022, Culture of Quality Training is an annual training requirement.
	Staff meetings demonstrate active discussion of the services' Quality Needs Assessment • As evidenced by meeting minutes
	Customer metrics are clearly defined and communicated • Staff are educated on customer metrics, benchmarks, and definitions • Documentation of data collection efforts and results • Action plan developed to address deficiencies
	KPI's are developed based on the needs assessment • Staff are educated on the service KPI's, benchmarks, and definitions • Service identifies KPI's and benchmarks based on Needs Assessment • Customer metrics are separated from KPI's, unless these objectives are one and the same
	Quality Control and Quality Assurance Guidelines are clearly developed based on needs assessment • QI & QC processes are outlined in policy, program design, and or Needs Assessment
	Incident Reporting and Investigations (if applicable) • Service reports incidents and sentinel events as per policy

Silver Key Requirements

<table>
<tr><td rowspan="8">Implementation Phase</td><td colspan="1" style="text-align:center">Silver Key to Quality</td></tr>
<tr><td>Continue to maintain all standards within Bronze Key level</td></tr>
<tr><td>Annual Quality Improvement (QI) Plan is completed
• QI Plan includes, but not limited to:
    o Objectives to be attained
    o Specific documented standards, practices, procedures, and instructions
    o Roles and responsibilities
    o Quality standards and benchmarks
    o Quality assurance activities
    o Quality control activities
    o Method for measuring the achievement of the quality objectives
    o Suitable testing, inspection, examination, or audit process
Quality tools and/or methods</td></tr>
<tr><td>Active QI Committee that meets on a monthly basis
• The team includes individuals representing all areas of the practice that will be affected by the proposed improvement(s)
• As evidenced by monthly committee meeting minutes
• As evidenced by meeting sign-in sheets
• The committee uses a variety of QI approaches and tools, including the Plan Do Study Act (PDSA) cycles, workflow mapping, assessments, audit and feedback, benchmarking, and best practices research.</td></tr>
<tr><td>Routine reports reflect continuous quality improvement efforts.
Reports include meaningful data that correlate to the indicators and goals outlined in the QI Plan. The data is analyzed monthly or quarterly and displayed visually within the report. Analyzed data is documented in a descriptive manner to explain what is happening.
• Reports can be internal or external
• Reports show evidence supported by data that reflect improvements as a result of implemented changes
• Data includes set benchmarks and progress towards goals</td></tr>
<tr><td>Quality Assurance and Quality Control Guidelines are clearly developed and implemented.
• Records of quality control activities are produced and retained
• Records of quality assurance activities are produced and retained</td></tr>
<tr><td>Staff meetings demonstrate active discussion of the QI Plan, KPI's, and Customer Metrics
• Evidenced by meeting minutes</td></tr>
<tr><td>Active action plans are in place to address areas of deficiency
• As evidenced by a documented plan that includes the following:
    o A well-defined description of the goal to be achieved.
    o Tasks/ steps that need to be carried out to reach the goal.
    o People who will oversee carrying out each task.
    o When will these tasks be completed (deadlines and milestones)
    o Resources needed to complete the tasks.
    o Measures to evaluate progress.
Quality Management activities are included in all job descriptions</td></tr>
</table>

	• As evidenced by job descriptions for all positions within the service that include quality management expectations
	Review sentinel events for trends (if applicable) • As evidenced by review in monthly QI Committee Meetings • Action plans are developed to address any identified deficiencies • Any trends with individuals served are evident in the individuals service planning documentation
	Root Cause Analysis is completed as per policy • RCA is completed anytime there is a serious Sentinel Event (Corporate Quality will advise when needed)
	Improved Customer Experience Surveys • As evidenced through issues addressed from the previous year • Incorporating deficient areas in the QI plan

Gold Key Requirements

	Gold Key to Quality
Continuous Quality Improvement Phase	Continue to maintain all standards within Bronze and Silver Key levels
	A Culture of Quality is evident throughout the service as evidenced by: • Regularly scheduled meetings that include quality efforts as a standing agenda item • There is a mechanism for staff to make recommendations for changes to processes and procedures • Staff are educated on the current quality initiatives and can speak to them • Quality Initiative data is displayed/distributed to all staff • On-going QI training is provided at least annually • Performance data is used to drive decision-making and improvement • Staff are held accountable for engaging in quality improvement • Teams routinely gather to brainstorm, implement quality improvement projects, and share lessons learned
	Staff throughout the organization are actively engaged in quality improvement activities • Evidenced by sign-in sheets • Participation in committees • Accountable for Quality activities outlined in Job Description ◦ Supervisors address staff's performance in Quality Management activities within employee annual Performance Review
	Data is used to inform Performance Improvement Activities • Service actively collects, analyzes, and interprets data • Service uses the data analysis to identify opportunities for improvements • Improvement opportunities have clear action plans developed and implemented
	Routine reports reflect continuous quality improvement efforts. Reports include meaningful data that correlate to the indicators and goals outlined in the QI Plan. The data is analyzed monthly or quarterly and displayed visually within the report. Analyzed data is documented in a descriptive manner to explain what is happening. This data is used to drive the decision-making process. Based on the analysis, services' will develop plans to guide new processes, implement the plan, and assess the outcomes on a regular basis. • Reports can be internal or external • Data includes set benchmarks and progress towards goals • Reports show evidence supported by data that reflect improvements as a result of implemented changes

	List 3 positive outcomes that were a direct result of the Quality Improvement efforts
	• Service will demonstrate:
	    ◦ an area of opportunity was identified
	    ◦ an action plan was developed and implemented
	    ◦ the goal was achieved
	    ◦ success was communicated and celebrated with the entire team
	    ◦ plan for maintenance of success

	A consistent quality framework and tools are used to approach QI opportunities (i.e., PDSA, flowchart, fishbone diagram, control chart, etc.) • Evidenced throughout various documentation

Quality Improvement Committee meetings have been held for at least twelve (12) consecutive months • As evidenced by monthly committee meeting minutes • As evidenced by sign-in sheets
Showcase and celebrate successful efforts to improve quality of services with the entire team Some examples may be: • Bulletin Boards in high traffic areas • Mass communication to all staff with performance results • All-staff celebrations
Site Visit Members of the Quest for Quality will conduct a one-day site visit. During this time, staff will be interviewed, a facility/office tour will be conducted, and the service will have additional opportunities to showcase quality initiative achievements.

Program Requirements

All Liberty services are expected to participate in the Quest for Quality program. Training for staff on specific topics such as data management, use of Quality Management tools, and quality improvement will be provided to individual programs by the Liberty Quality Department upon request from the leadership team. Please reach out to the Vice President of Quality and Performance Improvement, Robin Burkert via e-mail at Robin.Burkert@libertyhealth.com to request assistance.

Liberty Healthcare Corporation

Quest
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Liberty's Quest for Quality Application

Service Name:

Service Address:

Number of Employees:

Select Key Application

Bronze Key	Silver Key	Gold Key
Please list all documents that accompany application		

Approving Entity

Name and Title of Individual Submitting Application:	Date:

Please refer to the Quest for Quality Program Guide and ensure all corresponding documentation is submitted in its entirety along with this application.

Please submit this application and corresponding documentation by sending to VP of Quality and Performance Improvement, Robin Burkert at Robin.Burkert@Libertyhealth.com.