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JEWISH FAMILY SERVICE OF LOS ANGELES

ANNUAL CONTINUOUS QUALITY IMPROVEMENT REPORT 2015-2016

The goal of the Quality Management Process at Jewish Family Service is to continually assess and improve the quality of services that are being provided to the people being served and to ensure that these services are effective and efficient. This process is dynamic and sustained through committed leadership, teamwork and open and consistent communication. The objectives of the process are to provide the mechanisms, structure, oversight and support for an ongoing assessment of service areas and departments within the agency.

Quality Management involves all aspects of service delivery and agency operations and is an ongoing process of monitoring and continuous improvement. It ensures that an organization's services are consistent and meeting the expectations of stakeholders.

This year's annual report will focus on the advances we have made to meet national standards in operations and service delivery in preparation for our accreditation site visit. The advances we have been able to put into place will have a long term significant impact agency wide, as well as on those programs for which we are seeking accreditation status.

Jewish Family Service Quality Management includes the following components:

- Individual Client Care
- Customer Satisfaction
- Stakeholder Participation
- Financial Operations
- Program Evaluation and Outcomes
- Strategic Planning
- Risk Management
- Staff Training
- Human Resources
- Information Technology
- Internal Communications

Continuous Quality Improvement (CQI) is a component of Quality Management that focuses on organizational performance, recognizes the voice of the internal and external stakeholder, and promotes the need for objective data.



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TEAMS ACROSS THE AGENCY WITH CQI FUNCTIONS

Agency Leadership Team: Directs the CQI process, reviews risk management plan, reviews incidents and grievances, activates crisis management

Quality Council Oversight Committee: committee composed of management members representing all areas of service and operations, with board representation. Oversight of all aspects of CQI processes; planning of CQI activities; evaluation of data in preparation for board report

Case Management CQI Committee provides quarterly review of case management cases; recommends changes in documentation, processes and protocols

Clinical CQI Committee provides oversight of clinical policies and clinical issues in the agency; six month review of clinical cases and recommends changes in documentation, processes and protocols

High Risk Safety Plan Committee: Reviews and analyzes data from High Risk UR reports every six months, proposes recommended changes based on data evaluation, monitors to ensure changes are taking place.

Direct Service Staff CQI Committee: Composed of members recommended by supervisors for a two year term to provide feedback from the field.

SELECTED QUALITY MANAGEMENT ACTIVITIES 2015-2016 (All policies and documents available for review)

- Review and revision of all clients' rights documents
- Review and revision of agency Privacy Notice
- Review and revision of all clinical and case management documentation
- Creation of HIPAA policy, complying with latest Federal legislation
- Creation and review of Cultural Competency Plan; Annual training provided on cultural sensitivity issues
- Creation of new HR manual
- Written Disaster Plan and Implementation of Emergency Procedures
- Review and updating of Finance Manual
- Creation of Accessibility Policy and checklist review
- Written technology plan
- Creation of Risk Management Policy and Review of Risk Issues
- Expansion of staff orientation material
- Creation of Staff Training Policy
- Updating of Volunteer Manual and required paperwork
- Completion and board adoption of strategic plan



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- Revision of Volunteer Manual

COMPONENTS OF JEWISH FAMILY SERVICE'S COMMITMENT TO QUALITY MANAGEMENT

INDIVIDUAL CLIENT CARE

- Quarterly case file review. All cases are reviewed, either individually or in a group, to ensure quality of service and need for continued intervention.

SEE ATTACHMENT A FOR REVIEW SUMMARIES

- Team review for high-risk critical cases. High Risk client situations are documented and sent to Director of Quality Management for review and follow up. Track and trend meeting held every six months to determine agency and staff needs.

SEE ATTACHMENT B FOR REVIEW SUMMARIES

CUSTOMER SATISFACTION

- A new client satisfaction survey was created and each program has the responsibility for distributing these surveys to the clients in the program. The surveys are returned to the Director of Quality Management and results are discussed with program staff. When appropriate, consumer feedback can be shared on the agency website and in the Annual Report. For this review period, we have received 223 completed surveys. Additionally, 300 current volunteers were emailed an online satisfaction survey. The responses are being analyzed so that recommended changes can be made, when appropriate.

SEE ATTACHMENT C FOR AGGREGATED RESULTS OF SATISFACTION SURVEYS

STAKEHOLDER PARTICIPATION

- Board Members actively participate via Board and Executive Committee meetings, the Quality Council, the Finance Committee as well as through the Strategic Planning Process. The incoming Board Chair receives a thorough orientation to all agency programs and operational systems prior to assuming office.
- Advisory Council members such as the Holocaust Advisory Council, play an active role in providing feedback on policy and service delivery
- Staff participate as members of the CQI Staff Workgroup and are expected to bring information back to their programs from this workgroup. In preparation for CARF this year, the members of this group created the satisfaction survey, provided input into the cultural competency plan, and acted as liaisons between the agency CQI council and line staff.



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- Volunteer feedback is solicited during regular meetings with staff as well as through meetings with Program Committee members. There is an annual volunteer satisfaction survey that is distributed and the data and comments are included as part of the Agency Quality Management Process. An on line survey was distributed to over 300 volunteers.

RISK MANAGEMENT, INCIDENTS, ACCIDENTS, COMPLAINTS

Risk management may also include discussion of and compliance with pertinent laws and regulations, ethical considerations, personnel issues, liability, building issues, confidentiality, financial practices, technology, safety, and grievances. See Agency Risk Management Policy for full discussion.

Staff members record all complaints, incidents and accidents on designated forms. The forms outline procedures for review, timeframe, outcome or resolution of the specific complaint or incidents.

Client complaints are forwarded to the Senior Vice President of Operations who reviews the complaint with the individual who brought forward the complaint, and subsequently with the manager or staff person involved. After an appropriate level on inquiry, the Senior VP makes a determination which is forwarded to the client in writing. The client can choose to appeal the decision to the JFS President/CEO. Incident and accident reports are reviewed and followed up by Senior Vice President of Operations, appropriate insurance follow up is determined, and an annual analysis of incidents is compiled as part of the annual CQI Report.

Jewish Family Service of Los Angeles (strives to ensure that clients, visitors and personnel are provided with a safe and healthy treatment and work environment. In the event of an incident, the well-being and safety of the persons involved are the primary consideration. When indicated, referrals are made to the appropriate lifesaving and/or safety agencies (e.g., paramedics, and/or law enforcement). JFS conducted a thorough analysis of incident reports during FY2015; see Jewish Family Service of Los Angeles Annual Incident Analysis and Report (FY2015). This report summarizes the JFS activities related to incident reports submitted involving persons served, visitors, and personnel.

There were a total of 33 incidents from July 1, 2014 to June 30, 2015. General findings

- The most common incidents involved managing difficult behavior, accidents, and medical issues.
- The majority of incidents occurred at SOVA sites and Freda Mohr Multipurpose Center.
- The nature of incidents was consistent with the services provided and clients served.
- Responses to incidents were consistent with agency expectations.



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Based on the conclusions, the below are suggestions and/or recommendations to consider to improve performance (e.g., processes, operations and services). Any specific concerns and/or follow up needed with staff involved are addressed by supervisors.

- Organizational-level analysis
 - Monitor trends and implement actions, as needed, to promote safety to enhance the best care for all clients, families and other stakeholders served by JFS.
- Program-level analysis
 - Reinforce training and supervision in regards to managing difficult behavior including de-escalation techniques.
 - Reinforce training and supervision in regards to responding to medical issues particularly among senior center clients.

SEE ATTACHMENT D FOR ANNUAL INCIDENT ANALYSIS REPORT

FINANCIAL OPERATIONS

The JFS Finance Department has policies and procedures that direct all processes. The agency complies with the GAP, in performance of contract compliance and federal regulations. The Senior Vice President of Operations meets monthly with analysts to review contract performance. The Senior VP of Operations also meets weekly with the Director of Finance to review daily accounting and program revenue and expenditure projection. On a monthly basis, Financial Reports are reviewed at the Executive Committee, at the Finance Committee and at Board meetings. These financial reports include Balance Sheet, Statement of Activities, Contribution Reports, Statement of Cash Flow, Statement of Financial Position, and Revenue Schedule.

SEE ATTACHMENT E FOR COMPLETE REPORTS

AUDITS

Program/Fiscal Audits Conducted by Funders - Overview FY 2015-16					
Date	Auditing	Progra	Typ	Duration of	Key Findings
Aug-15	California Department of Aging	MSSP	Financial		Fy 2010-2013 - Disallowed indirect costs of \$4,580.20
Sep-15	L.A. County Department of Public Social Services	Substance Abuse Prevention	Financial	1 day	No findings
Dec-16	L.A. City Department of Aging	MPC Contract - Felicia Mahood	Program	N/A	On track
Dec-16	L.A. City Department of Aging	MPC Contract - Freda Mohr	Program	N/A	On track
Jan-16	L.A. County Department of Public Social Services	DV Supportive Services - Cal-WORKs	Administrative, fiscal, program	2 days	Discrepancy - 40 DV Training Certificate not in personnel file
Jan-16	L.A. County Department of Mental Health	Mental Health Services - PEI Program	Program	1 day	Recommendations: (1) Review PEI EBP claiming code (2) population (3) Ensure medical necessity for PEI
Feb-16	L.A. County Department of Community and Senior Services	SSP, Linkages, FCSP	Administrative, fiscal, program	5 days	Pending
Apr-16	L.A. County Department of Public Social Services	CSBG	Administrative, fiscal, program	1 day	Discrepancies - (1) 1.5 units \$187.50 (2) hours of operation
Apr-16	L.A. County Department of Public Social Services	DV Shelter-Based Services Program	Fiscal audit	1 day	Pending

SEE ATTACHMENT F FOR SAMPLE AUDIT RESULTS, INCLUDING CTI FINAL REPORT

PROGRAM EVALUATION/OUTCOMES



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The Agency has begun the implementation of performance outcome measures and these are now in use for select programs and are reviewed on a quarterly basis. For a

more complete description, please see agency Performance Measurement and Management and Performance Improvement Plans.

SEE ATTACHMENT G FOR JEWISH FEDERATION COUNCIL 2015 OUTCOMES REPORT

HUMAN RESOURCES

2016 JFS Recruitment & Retention Plan

In order for us to continue focusing on reducing our 2015 turnover rate of 6%, the Human Resources Department in partnership with the programs will focus on the below plan.

<p>Enhance the visibility of Human Resources in the Recruitment Process in order to increase staff retention.</p> <ol style="list-style-type: none"> Human Resources will endeavor to meet all final potential candidates during the hiring process and to ensure agency culture and flexibility to move throughout programs. Increase visibility on college campuses.
<p>Improve retention within the Agency</p> <ol style="list-style-type: none"> Identify programs, managers and staff for cross training opportunities. This will result in the agency creating a fluid workforce and providing staff opportunities for growth.
<p>In order to develop and maintain consistent practices across the agency enhance training and development for staff and management.</p> <ol style="list-style-type: none"> Develop a strategy to secure funding through SCAN or other grants to periodically have outside consultancy reviews to enhance employee relations and training.
<p>Improve Mentorship/Staff Development/Communication for high potential staff to increase their visibility within the agency and provide further development.</p> <ol style="list-style-type: none"> Develop Mentorship Program for managers and staff and look for opportunities of development where they will be challenged with projects and participation in leadership meetings.
<p>Improve Employee Morale</p>



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1. Develop calendar of agency wide meetings/webinars that provide communication updates on upcoming initiatives, changes, and projects.
2. Identify resources to fund staff appreciation activities.

ANNUAL CQI ACTIVITIES

ACTIVITY	COMPLETED
Review of cultural competency and diversity plan	✓
Review of strategic plan	✓
Annual budget review and approval of budget	✓
Independent audit	✓
Personnel training in health and safety practices	ongoing
Written analysis of critical incidents	✓
Health and safety inspections at all facilities	In process
Review of job descriptions	✓
Review of Accessibility Plan	✓
Emergency drills or simulated drills at facilities	In process



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ATTACHMENTS

ATTACHMENT A	CASE FILE REVIEW SUMMARY
ATTACHMENT B	HIGH RISK SAFETY PLAN MEETING REVIEW
ATTACHMENT C	SATSIFACTION SURVEY RESULTS
ATTACHMENT D	ANNUAL INCIDENTS ANALYSIS REPORT
ATTACHMENT E	FINANCIAL OPERATION REPORTS
ATTACHMENT F	SAMPLE PROGRAM AUDIT RESULTS
ATTACHEMNT G	FEDERATION 2015 OUTCOME REPORT