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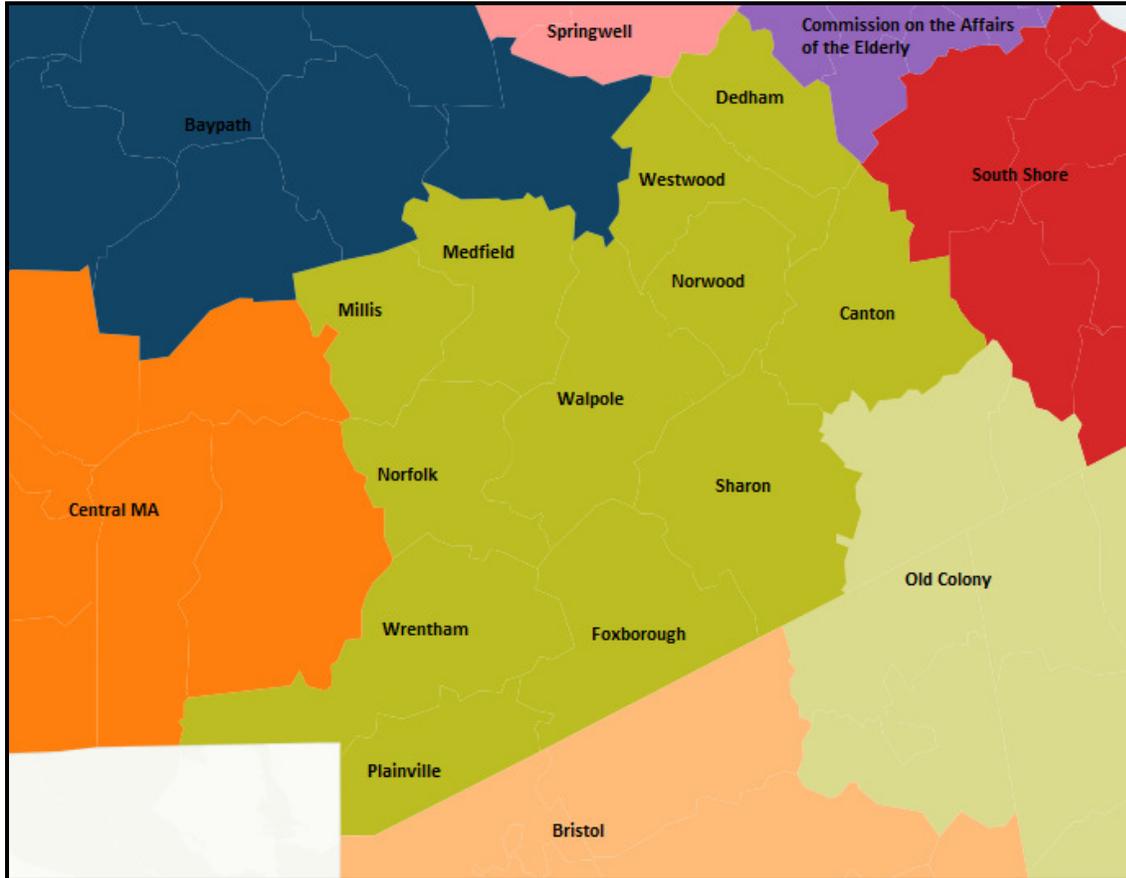
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**Area Agency on Aging Area Plan**

**2014 – 2017**

## HESSCO Planning and Service Area Map



*Supporting and empowering elders, caregivers and people with disabilities in the towns of Canton, Dedham, Foxboro, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood and Wrentham*

## **Executive Summary**

### **Introduction**

For thirty seven years Health and Social Services Consortium, Inc. (HESSCO) has been a trusted leader in South Norfolk County safeguarding and enriching the quality of life for older adults, their families and their caregivers Incorporated in 1977 as a non-profit organization, HESSCO has assisted thousands of area residents maintain their independence and age with dignity in their homes and communities.

Located in the town of Sharon, HESSCO serves the citizens in a twelve town area known collectively as South Norfolk County. The towns in the service area are: Canton, Dedham, Foxboro, Medfield, Millis, Norfolk, Norwood, Plainville, Sharon, Walpole, Westwood, and Wrentham.

As the Aging Services Access Point (ASAP) for the region HESSCO provides a comprehensive menu of services and community supports. HESSCO is also a state designated Area Agency on Aging (AAA.), one of twenty three in Massachusetts and over 600 nationwide

In 1965 The Older Americans Act, still one of the most far reaching and important pieces of legislation focused on aging and long term care, was enacted by Congress. It authorized many of the programs and services that 50 years later still provide critical support to elders especially those most socially and economically isolated. The Act is reauthorized and amended every few years to ensure its continued relevance incorporating new priority issues that may arise.

One feature of the legislation was the creation of a national network of Area Agencies on Aging charged with implementing and expanding programs and services authorized by the Older Americans Act and developing a comprehensive and coordinated system of local home and community based services. Using their expertise, resources and leveraging power, AAAs play an important role in local planning and community development; identifying community needs, advocating for public policies and regulations that support optimal aging, developing new programs to address emerging needs, building coalitions, and engaging various stakeholders in collective problem solving.

### **LOCAL INITIATIVES**

HESSCO is well known for having a long view of the important issues and a willingness to use its position in the community to stimulate conversation and draw attention to some significant issues. We have begun meeting with municipal leaders to introduce the concept of aging friendly communities, places where people can grow up and grow old. We will seek funding to sponsor a conference for town planners and town planning board members modeled on one involving the National Association of Municipalities.

Unnecessary, unwanted, ineffective and costly end of life care is common. Talking about death is still one of the few remaining taboos so most people don't. Even the medical community is reticent. In partnership with the Conversation Project HESSCO will initiate a community discussion on end of life care.

Once again transportation was the most pressing unmet need identified during the recent needs assessment. It is a very loaded issue for many older adults, and one that suburban areas like ours struggle with. HESSCO is convening local decision makers, elders and people with disabilities, thought leaders and various other stakeholders to explore the issue in depth, evaluating best practices from similarly situated communities, conducting a cost benefit analysis of regionalized transportation and generating other "out of the bus" transportation planning strategies that could form the basis of an action plan.

Health care was identified as the third most significant issue in the needs assessment. Defining the value proposition of HESSCO in the new health care environment is another key strategy. Working with the local hospital around care transitions and through initial meetings with one of the Accountable Care Organizations we have established a solid relationship, one that will lead to a formal and eventually contractual relationship.

### **Older Americans Act Core Programs**

There are a core group of services authorized and funded under the OAA. They are grouped under the following broad categories:

Title III – B Supportive Services- supports access to services, in-home services and legal services;

Title III – D Preventive Health- supports evidence based disease prevention and health promotion programs;

Title III - C1 Congregate Meals- supports community dining sites that offer nutritious meals, socialization and various programs of interest to participants;

Title III –C2 Home Delivered Meals - supports home delivered meals and a daily check in for homebound elders;

Title III – E Family Caregiver Services – supports family caregivers;

Long Term Care Ombudsman Program- supports advocacy for residents of long term care facilities;

### **Area Plan on Aging**

Every four years, the United States Administration for Community Living (formerly the Administration on Aging) and the Massachusetts Executive Office of Elder Affairs (EOEA)

require each Area Agency on Aging to assess the needs of older adults in their region and develop a plan of action to address them. The plan must also address national and state focus areas. Each AAA submits its plan to the State Unit on Aging (EOEA) thus ensuring local input into the development of the State Plan on Aging. Each state transmits its Plan to the Administration on Community Living creating a national aging and disability agenda. This model of “bottom/up” planning is one of the hallmarks of the Older Americans Act.

## **CONTEXT**

Between 2010 and 2020 the number of people aged 60 or older living in the HESSCO area is projected to increase by 27%. In some towns one quarter of the population will be over 60. It will be commonplace that the “senior” population will be comprised of people born in five decades. They will be far less homogenous group than ever before. The needs, interests and expectations of a 60 year old will undoubtedly be different than those of a centenarian.

Residents will live longer and overall healthier lives. For those who do have health conditions much of the care they need, which was once only available in a hospital or long term care facility, can now be provided at home. Nursing homes will continue to provide a valuable service in the continuum of care but stays will be shorter, focusing on rehabilitation and preparing the resident to return home. In some cases, even long term residents may return to the community if that is their desire and if they can safely be supported there.

Increasingly older adults will want to stay living in their homes and communities, continuing to participate in community life. There will be an increased market for a range of housing options and other infrastructure enhancements.

The American Association of Retired Persons reports “Older adults tell us they wish to age in their homes and communities, close to friends, family, and the local haunts they love. Most will reject high-priced institutional care and will continue to live in the community, even if they have one or more disabilities.”

The recent HESSCO needs assessment confirms the AARP findings. Respondents identified transportation, housing, and services that enable them to maintain their independence, stay living in their communities and have meaningful connections.

In addition to the burgeoning elder population, census data reveals that approximately 7 % of the 16-64 year old population in Norfolk County is people with disabilities. There is growing recognition that the needs of older people and those of community members who have disabilities are more similar than they are different. There are a growing number of people who want to have an active role in determining the type of services that best meets their needs. Eligibility for many publicly funded services will increasingly be based on need not solely on age. The Affordable Care Act and Mass Health will continue to design service options and payment mechanisms that support consumers directing and arranging their own care.

## FOUR NATIONAL FOCUS AREAS

The Administration for Community Living (ACL) has identified four national focus areas as key to developing a strong long term care system. Each AAA must address these priorities in their area plans:

### **Focus Area # 1 – Core Programs of the Older Americans Act**

The core programs of the Older Americans Act provide the basic foundation of the HESSCO area service system.

*One of the most important functions of the AAA is ensuring that elders , their caregivers and anyone who needs home and community based services have access to the information, services and programs that enable them to live independent, meaningful lives.*

### **Focus Area # 2- Disease Prevention/Health Promotion**

*Aging is no longer a period of inevitable decline into deteriorating health and diminishing social role or value. It can be a time of renewed vitality, significant contribution and quality life. Good health and health behaviors can lead to longer, more meaningful lives and lessen the strain on a health care system, overburdened by costs related to avoidable chronic conditions.*

### **Focus Area # 3- Participant Directed/ Person Centered Planning**

*All human life has value and every human being should have meaningful options and make choices pertaining to issues that affect their lives. Rooted in what is important to the person; participant directed care assists individuals in exercising autonomy, choice and control over their lives and the services and support they receive.*

### **Focus Area # 4 – Elder Justice**

*Every year, hundreds of thousands of older persons are abused, neglected, and exploited. In addition, elders throughout the United States lose an estimated \$2.6 billion or more annually due to elder financial abuse and exploitation, funds that could have been used to pay for basic needs such as housing, food, and medical care. Unfortunately, no one is immune to abuse, neglect, and exploitation. It occurs in every demographic, and can happen to anyone.*

## ISSUES IN THE HESSCO SERVICE AREA

The first step in developing the area plan was to assess the needs in the local communities. An addendum to this plan provides more detail on the assessment process and findings, the following summary provides context for the goals and strategies that follow.

In the late fall of 2012 and early in 2013 HESSCO joined with other Area Agencies on Aging in Massachusetts in an effort to identify the needs of local elders especially those who are most socially and economically isolated or are members of hard to reach population groups. Utilizing various data collection methodologies including individual interviews, small group meetings, written surveys and analyzing data collected by other entities, the most pressing needs of elders in the area were identified. The three most significant are these:

### **Transportation**

Overwhelmingly, transportation was cited as the most pressing problem.

### **Economic Insecurity and Trouble Making Ends Meet**

The South Norfolk communities are often referred to as affluent. Yet for many elders and people with disabilities the reality is quite different. The rising costs of prescription drugs, the cost of taking the RIDE, basic home maintenance expenses combined with dwindling savings, few employment options for older workers and the lingering effects of the recent economic downturn leave many people struggling to make ends meet.

### **Maintaining Optimal Health, Dealing with Chronic Health Conditions, End of Life Care and Trouble Accessing and Affording Ancillary Health Care Services**

Health care is a complex issue touching many facets of life. Affordability, dealing with chronic conditions, and trouble accessing dental, vision and hearing services were among those identified as most pressing.

## **GOALS AND OBJECTIVES/ RESPONSES TO THE FOUR NATIONAL FOCUS AREAS**

HESSCO supports and endorses the mission, vision and values of the Administration for Community Living and those of the Massachusetts Executive Office of Elder Affairs.

The HESSCO Area Plan aligns with national goals and priorities, advances the Executive Office of Elder Affairs' mission and aging agenda and responds to local needs.

### **Focus Area # 1 - Older Americans Act Core Programs**

**Goal # 1 Provide timely, accurate, consumer focused information about available services and supports; enabling elders, caregivers, and people with disabilities to make informed decisions about the services options that best meets their personal needs.**

Operate a high quality, mission driven information and referral department;

Field a broad range of calls and requests for assistance;

Connect callers with the resources best suited to meet their needs;

Ensure that Information and Referral staff is certified by the National Alliance of Information and Referral Specialists (AIRS) and that HESSCO meets all AIRS standards;

Coordinate a comprehensive outreach initiative, utilizing a variety of communication strategies, ensuring that members of the community, especially those most socially and economically isolated are aware of the programs and services available to them;

Participate in statewide efforts to promote the 1- 800 – AGE INFO telephone line and the 1800ageinfo.com web site;

Enhance communication, connection and conversation with key stakeholders through strategic use of technology and social media;

Take affirmative steps to ensure that information provided is culturally appropriate in its widest definition, that print material is easily read by older people and those with disabilities and that it is available in the languages commonly spoken in the area;

Coordinate information distribution and information sharing among professional colleagues including but not limited to Councils On Aging; Community Coalitions; Health Care Providers; faith communities and the Business Community;

Maximize the value various “trust groups” have with their constituents (e.g. Faith Communities, Veteran’s Groups, Civic Groups, disability organizations) by making sure they have access to up to date information and resources in formats that best suits their needs;

Collaborate with the Independent Living Center and other aging and disability organization to promote the ADRC philosophy and make it easier for people to access a full range of long term care supportive services.

**Goal # 2 Increase the availability of transportation options so that older adults and people with disabilities have greater access to services, can get to the places that are important to them and can make choices about where and when they wish to travel.**

Conduct an inventory of available transportation options in the service area;

Facilitate or commission a transportation gaps analysis;

Convene a transportation summit of key decision makers and key informants;

Award a Title III grant to provide medical transportation to Boston;

Provide technical assistance to community organizations and municipalities supporting efforts to develop transportation options;

Join in statewide and local advocacy efforts to promote, protect and expand accessible, affordable and appropriate transportation;

Provide input to the Statewide Coordinating Council on Community Transportation created by Executive Order of the Governor and advocate for service enhancement;

Take an active role in promoting driver safety, highway infrastructure improvements and research that address the broader issue of mobility and its impact on independence.

**Goal # 3 Ensure that a full spectrum of in-home services geared to meet the individual needs and preferences of consumers are available throughout the services area.**

Assess consumer need and eligibility for a variety of home and community based services;

In conjunction with the consumer and/ or their family, develop a care plan that meets their needs; monitor the plan to ensure that it is effective;

Arrange or broker a variety of services including but not limited to: Homemaker Services, Adult Day Health Care, Laundry Service, Personal Emergency Response, Adaptive Housing/Equipment, Companions, Medication Dispensing, Personal Care, Home Health Services, Home Delivered Meals, Emergency Shelter, Transportation, Grocery Shopping/Delivery, Chores, Wanderer Locator, Vision Rehabilitation, Respite Care, Habilitation Therapy, and Behavioral Health Counseling.

Support and guide those who chose to arrange their own care based on their own preference and choices;

Provide support, education and coaching for people transitioning from one care setting to another;

Provide support for people with Alzheimer's disease and their families through active participation in the Neponset Valley Alzheimer's Partnership;

Coordinate services, provide cross training and collaborate with the Independent Living Centers in the HESSCO area;

Review the number of calls to the HESSCO I&R Department and the types of information requested to determine unmet needs so resources can be allocated appropriately;

Utilize technology to connect caregivers to one another and provide them with wider access to information, resources and support;

Increase availability, use and funding for telehealth and other technologies that enable for people to be cared for at home;

Provide nursing assessment to determine clinical and income eligibility for nursing home care and arrange services for those who can be supported in their homes and communities instead;

Launch a new initiative on hospital based delirium; educate hospital staff, physicians and families about the issue; promote prevention strategies and encourage policies and practices that lessen its incidence;

**Goals #4A Improve the nutritional wellbeing of elders and other vulnerable population groups and help them achieve and maintain optimal nutritional health.**

Promote the importance of good nutrition and raise awareness of strategies and programs that help achieve and maintain nutritional health;

Arrange and conduct individual nutrition screening, assessment, education and counseling;

Present a series of community education programs on nutrition related issues including evidence based programs such as Healthy Eating for Successful Living and Diabetes Self-Management;

Utilize a multi-platform education strategy to make nutrition information widely available;

**Goal # 4B Assist elders remain living independently enjoying improved or maintained nutritional health and decreased risk of isolation by providing nutritional meals that are delivered to the homebound or served at community dining sites where people gather for socialization and a good meal.**

Deliver a daily, hot noon time meal to home bound elders in each of the 12 towns;

Assure that those at high risk also receive a frozen weekend meal and/or cold evening meal;

Provide hot noon time meals at 11 community dining sites;

Arrange special events and evening meal programs;

Launch a new breakfast program;

Deliver shelf staple meals and coordinate with emergency responders ensuring no disruption of meal deliver in emergency situations;

Promote the use of fresh and local fruits and vegetables; support local farmers; distribute farmer's market coupons in each town and deliver fresh food items to home delivered meal participants;

**Goal # 4C Take affirmative steps to ensure that disenfranchised or marginalized groups have access to nutrition services and ancillary programs and that meal sites are safe, welcoming environments where participants are valued and their specific needs will be met.**

Coordinate a monthly meal site for LGBT elders and explore options to increase it to twice each month;

Provide a meal program designed to meet the needs of the Chinese speaking elder population in the greater Sharon area;

Consult with the members of the Russian speaking community to identify their specific nutrition needs and allocate resources to meet them;

Offer a variety of specialty meals including kosher, diabetic, pureed, renal and therapeutic meals;

**Goal # 5 Provide person-centered, family- centered, and culturally competent services and supports for family caregivers.**

Promote the important role of family Caregiving;

Advocate for programs, policies and funding that support family caregivers;

Provide information, education, one on one assistance and referral to a variety of resources;

Empower caregivers and increase their confidence in decision making that is best suited for their family situation;

Connect caregivers with other people in similar situations for mutual support and the exchange of ideas;

Plan and hold a daylong conference for caregivers

**Focus Area # 2 Disease Prevention/Health Promotion**

**Goal # 6 Promote optimal health and wellbeing of elders, caregivers and people with disabilities**

Coordinate a series of evidence based programs such as My Life, My Health, Chronic Disease Self-Management; Powerful Tools for Caregivers; Prevention and Management of Alcohol

Problems in Older Adults; Falls Prevention; Healthy Eating for Successful Living; Diabetes Self-Management

Develop a database of all types of health promotion activities offered in the area, list them on the HESSCO web site and promote them among various constituent groups;

Design an education campaign around the value of healthy lifestyle behaviors and how to access local resources that promote healthy living;

Increase the availability and affordability of oral health, hearing and vision health services;

Seek funding for a Healthy Aging Coordinator to create a healthy aging vision for the area, coordinate activities with the Center of Excellence for Healthy Aging, and implement a comprehensive, community wide healthy aging agenda;

Provide a Title III D grant to VNA Care Network to operate an evidence based diabetes self-management program;

**Goal # 7 promotes the importance and effectiveness of clinical preventive services and increase their availability and use in the community.**

Partner with the local hospital, Visiting Nurse agencies and public health nurses to develop community education campaign on the value of prevention and early detection;

Coordinate a "Prevention Day" where people can be screened for multiple conditions, receive vaccinations and be educated about various health conditions;

Collaborate with the Independent Living Centers and other disability groups to promote preventive services among their constituents and ensure that the medical community understands and is responsive to their preventive health care needs;

Involve the SHINE Volunteer Counselors in an outreach and education campaign to inform the public about preventive services authorized by the Affordable Care Act and paid for by Medicare;

Gain a better understanding of the ancillary services provided by Senior Care Organizations (SCO) and other managed care organizations so that people who turn to HESSCO for help are given accurate information and can be informed decision maker;

**Goal # 8 Ensure the availability of effective, culturally competent, community based screening and treatment programs for older adults who have depression, substance abuse and other behavioral health issues.**

Work collaboratively with the hospital, the Department of Mental Health, Medicaid, insurers, and provider agencies to determine the prevalence of the mental health issues in the aging and disability community;

Inventory available services and do gaps analysis;

Advocate for additional service options;

Identify barriers that keep people from seeking care;

Conduct an awareness campaign designed to reduce stigma and educate the community on available resources;

Play a leadership role in the Norwood Hospital Community Benefits Committee, advocating for and assisting them in addressing the behavioral health needs of the community;

Ensure that mental health emergency services are available, effective and responsive to the needs of elders and people with disabilities;

Enhance the capacity of aging and mental health provider agencies by providing cross training and care coordination;

Convene the broad based ADRC Coalition to advance mutual issues, enhance cultural competency and coordinate services

**Goal# 9 Facilitate a community wide discussion on end of life care and the value of hospice and palliative care.**

Partner with the Conversation Project to better understand the issues and successful strategies for engaging the community;

Plan and hold a forum on issues, considerations and resources related to end of life care

Recruit a broad based committee of health care providers, hospice organizations, policy makers, family members, elders, faith communities and other key stakeholders to develop an action plan and approach for promoting end of life care planning;

Educate consumers, medical providers, faith communities and other key people in the community about The Medical Orders for Life Sustaining Treatment (MOLST) initiative, ensure the availability of counseling and support so consumers are informed decision makers and advocate for broad inclusion of MOLST as an important component of a person's medical record.

**Focus Area # 3 Participant Directed/ Person Centered Planning**

**Goal # 10 Ensure that all consumers are given the opportunity to have greater choice and control of their care.**

Listen to people express their own needs, preference and choices;

Inform clients of their right to have more control of their care in state funded programs;

Help consumers assess their capacity to manage their own care and arrange their own services;

Support individuals in their choices; assist them to develop their service plan and provide guidance for those who chose to hire and manage their own workers; and provide education and training on the processes involved in being the employer of record;

Support caregivers with person-centered, family centered services that are flexible enough to meet changing needs;

Participate in advocacy initiatives that promote person-centered and flexible team-based approaches to care coordination, reduce silos and address reimbursement restrictions that create barriers.

**Focus Area # 4 Elder Justice**

**Goal # 11 Create a community in which abuse, neglect and financial exploitation of vulnerable people is not tolerated and where community members can feel safe and know their rights will be protected.**

Receive and investigate reports of elder abuse, neglect and financial exploitation;

Connect at risk community members with services and supports;

Collaborate with key informants such as financial institutions, medical professionals, law enforcement etc. to create a community wide response and solutions to elder abuse and exploitation;

Offer programs and services, such as the Money Management Program, to provide financial guidance and support for vulnerable elders while preserving their decision making;

Conduct multi-level community education campaign, utilizing multiple communication platforms and strategies, to educate the public about older adult abuse, neglect and exploitation;

**Goal # 12 Ensure that residents of long term care facilities have optimal quality of life and that their rights are protected and that their voices are heard.**

Serve as the State Designed Long Term Care Ombudsman Program for South Norfolk County;

Comply with the requirements and assurances and responsibilities of the designation;

Advocate for the rights of nursing and rest home residents and work to resolve problems and improve care and quality of life;

Assist residents to access the supports they need in order to return to their homes and communities if it safe to do so;

Coordinate with the Options Counselor and if appropriate participate in Community First Initiatives;

Expand the capacity and reach of the Ombudsman program by recruiting, training, supporting and supervising a cadre of volunteer Ombudsmen assigned to local facilities;

Receive and investigate complaints, taking steps to ameliorate them on the local level or refer them to appropriate state or legal entities for further action;

Coordinate with the Department of Health on issues of patient safety and facility compliance issues;

Develop and provide training for personnel in long term care facilities and stakeholders in the community that further their knowledge of resident rights, increase their awareness of the Ombudsman Program and discuss how to prevent, detect and report cases of abuse or neglect and other issues of importance for residents and their families;

Support the creation of Family Councils; support family members when appropriate and empower them to take an active role as advocates;

Advocate for community services and programs that can be accessed by residents, especially those who reside in rest homes;

Promote legislative and policy initiatives which enhance the quality of life of residents;

**Goal # 13 Protect and advance the rights of the poor, elderly, and people with disabilities by providing them with equal access to the justice system.**

Provide a Title III B grant for the Metro West Legal Services' Elder Law project;

Assist local residents to obtain legal, social and economic justice by providing them access to legal information and legal counsel;

Provide legal education, mediation and representation in areas of civil law including housing, public benefits, guardianship, health care and nursing home issues;

Promote community awareness of legal issues facing elders, people with disabilities and other disenfranchised people and inform them about remedies and resources;

Leverage supplementary legal assistance by engaging members of the Massachusetts Private Bar;

Protect the broader rights of elder and disabled community members in the public policy arena;

### **GOALS THAT ADDRESS LOCAL NEEDS**

**Goal # 14 Enable elders to live independently and with dignity in their homes and communities enjoying optimal quality life**

**Goal # 15 Enhance the economic security and wellbeing of elders, caregivers, persons with disabilities and those preparing to retire**

**Goal # 16 Promote optimal health and quality of life for members of the community**

**Goal # 17 Create a culture in which older people and people with disabilities can remain socially engaged, continuing to create value for their communities**

**Goal # 18 Position HESSCO to play an active role in the newly emerging health care system**

**Goal # 19 Increase volunteerism, promote skills based volunteering as a strategic type of volunteerism, secure funding for a newly created position of Volunteer Services Coordinator, tasked with the development of a comprehensive volunteer management system.**

### **STRATEGIES FOR ACHIEVING GOALS THAT ADDRESS LOCAL NEEDS**

Many of the strategies related to the four focus areas are included in the goals and objectives section of the plan. Influencing change and public policy requires the use of multiple strategies and tactics that may be effective one day and be ineffective the next day. Flexibility and a willingness to reassess and readjust are crucial. Therefore strategies rather than objectives have been developed for achieving these goals.

The following strategies have been created to provide initial direction to some of the most significant issues we will work on in the coming years.

Convene a “think tank” of broadly representative stakeholder groups, municipal planners, developers, elected officials and thought leaders to discuss strategies for developing aging friendly communities and creating a vision and action plan.

Explore the feasibility of promoting regional approaches to common problems and resource sharing;

Partner with the Dedham Institute for Savings to arrange a series of educational programs on financial literacy, financial planning, preparing for retirement, and other issues that address economic security.

Involve the Neponset valley Chamber of Commerce in a campaign to promote the value of the older worker;

Operate a highly visible and well respected SHINE Program that assist people access an array of public benefits;

Provide targeted outreach to younger people who receive both Medicare and Medicaid helping them better understand their health insurance needs and assisting them access benefits and services;

Develop a communication and messaging strategy for HESSCO utilizing a variety of information sharing platforms including traditional print sources and local media outlets, a dynamic website, social media, community meetings and training programs and a calendar of public speaking opportunities.

Collaborate with the Municipal Councils on Aging on issues of mutual concern and support COA activities and initiatives;

Work collaboratively with local Veteran’s Agents to educate Veterans, their families and community service providers about Veteran’s health care benefits, pensions, benefits for widows of Veterans, Cemetery honors and other issues of importance;

Promote the Norfolk County RSVP Volunteer Program through which volunteers drive Veterans to their medical appointments;

Provide outreach to women Veterans, assessing their needs and connecting them to community resources,

Collaborate with Physician Practices, hospitals and other health care providers to improve patient outcomes and care transitions, reduce re-hospitalization rates, enhance communication across care settings and professions, and promote the value of long term home and community based care as integral components of the health care system.

Engage local farmers in efforts to increase the availability of locally sourced foods, have made fresh fruits and vegetables more easily available;

Play a leadership role in the Metro West ADRC addressing common issues and improving access to services and supports;

Further the Community First initiative through programs such as Options Counseling, Coleman Counseling, Care Transitions, Money Follows the Person and the Personal Care Assistance Program;

Identify and promote opportunities for older adults and people with disabilities to remain socially engaged continuing to create value for their communities. Strategies being explored include creating a database of openings on Boards and Commissions that people can access through the HESSCO website and engaging HR personnel from local companies, the Chamber of Commerce and professional associations in an effort to harness the experience and skills of a newly retiring population and engage them in community problem solving.

## **QUALITY MANAGEMENT**

Consumers trust that HESSCO will provide them with high level services, will honor their wishes and preferences and treat them with both dignity and compassion. Families trust HESSCO with the care of their loved ones. State agencies and other financial supporters trust that HESSCO will deliver high caliber services, will be able stewards of their money and will meet standards and contractual obligations. In such a high trust business, we have to know if we are meeting clients' needs (and, hopefully exceeding their expectations) and where we need to improve.

Quality assurance (QA) is a core HESSCO value. Quality management is an integral component of operational functioning. Continuous quality improvement is our commitment.

The QA program is administered by the Quality Assurance Manager. Her role is to provide oversight, direction and coordination. In furthering our goal of establishing a culture of quality, QA is not a linear process it is a fluid one involving everyone in the organization.

Services provided are effective and create value for consumers;

Performance standards are defined and measured;

Compliance and contractual obligations are met;

Consumer input drives improvement;

Issues or problems are quickly identified and remediated;

Excellence is recognize

A quality assurance plan is developed each year forming the basis of a comprehensive, continuous, consumer-focused quality management system. The three basic elements of the plan are these:

Define – what determines quality, how is success defined

Measure- what tools, data and input will be analyzed

Improve- how will the data drive change and improvement

### **INCORPORATING AOA EXPECTATIONS FOR QUALITY MANAGEMENT**

During the initial year of the area plan the HESSCO Quality Management Program will incorporate AOA recommendations and suggested protocol for quality management, measuring performance and determining the impact programs and interventions have on the quality of life of consumers.

If a HESSCO service has not been contractually obligated to measure and report on outcomes, we will develop matrices that indicate quality and positive outcomes and that too will be included in the next Quality Assurance Plan.

### **QUALITY MANAGEMENT SYSTEM**

The evaluative process utilizes various data sources to determine quality, effectiveness, customer satisfaction, compliance, and overall performance. Among them are:

Department reports on progress in achieving mandated and internally developed performance goals;

Need and satisfaction assessment conducted with external and internal consumers;

Comments, complaints and compliments received from consumers,

Review of client records (excluding non registered services) for indicators of accessibility, appropriateness, client involvement, consistency, continuity, effectiveness and timeliness of service;

Review of internal operations for consumer focus, collaborative methodology, operational efficiency and objective efficacy.

Results of external/internal consumer satisfaction surveys;

Consumer calls and correspondence;

Vendor monitoring reports;

Minutes from Departmental meetings;

SIMS data reports;

AAA needs assessment findings;

Subgrant monthly reports and grant monitoring reports;

Input derived through networking, collaboration, and interactions with the elder care network and the community at large.

Analysis of issues identified through the quality assurance and monitoring process to develop a plan for corrective action where necessary;

Review all data sources that contribute to documentation of areas of excellence

### **QUALITY ASSURANCE COMMITTEE**

The Quality Assurance (QA) Committee is comprised of representatives from each of the HESSCO Departments; Home Care, Nutrition, Planning and Fiscal. The QA Committee prioritizes primary quality objectives every six months and each Department works to plan, implement, measure and analyze the quality objective.

### **RESPONSIBILITY AND ACCOUNTABILITY**

Corporate responsibility for Quality Assurance is vested in the Board of Directors which receives regular updates on quality-related activities and reports of quality measurement findings from the Senior Management Team.

Operational responsibility for Quality Assurance rests with the Senior Management Team, with oversight by the Executive Director, meeting monthly as the agency Quality Assurance Committee.

Identification of work groups responsible for specific instances of corrective action is by consensus of the Quality Assurance Committee.

Leadership for departmental problem-solving is provided by the appropriate Manager, with support and assistance from the Senior Management Team and others as needed.

### **EVALUATING FINDINGS**

A cumulative record of findings enables the tracking of individual and agency performance. Where trends are positive or performance is stable monitoring and measurement focus on maintenance. Where trends are negative or performance is unstable, strategizing for improvement is undertaken by appropriate staff members.

## **REMEDIATION**

When an area in need of improvement is identified, the department responsible for corrective action is identified by the Quality Assurance Committee. The Committee also assesses the need for other perspectives in the remediation process. The respective Managers convene the work group. The Manager of the responsible department ensures that the work group establishes an improvement-oriented work plan. Action steps are undertaken with the assistance of QA Committee and other staff as needed.

## **CREATING A CULTURE OF QUALITY**

In order to increase understanding of the importance of quality consciousness and encourage participation in continuous quality assurance among all staff members, a program of education and motivation is developed and implemented by the Senior Management Team/Quality Assurance Committee.

The Executive Director maintains and increases Board understanding of quality-related issues by presenting and updating information on agency mandates and agency goals on a regular basis. Topics include the philosophy of consumer service and a review of the year's accomplishments.