



Title: Policy and Procedure

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Section: 6 QUALITY OUTCOMES/PERFORMANCE  
IMPROVEMENT

Date: June 1, 2018

Policy: HH6-3A.01 Annual Performance Evaluation

Replaces: December 1, 2017

'Policy: provides the implementation the establishment and implementation of the Annual Program Evaluation [APE]

- A. The Compliance Officer will convene the FFHC evaluation committee [FEC] comprised of at least three staff members [one RN one office staff and one caregiver] and one client/Guardian . Once a month. The FEC will gather essential data and information. It will analyze data relevant to:
- a. program quality
  - b. staff development
  - c. customer service
  - d. employee performance
- B. Written APE report to include the following:
1. Effectiveness of PI program.
  2. The effectiveness, quality and appropriateness of care/service provided to the client/patients, care service areas and community served, including culturally diverse populations.
  3. Effectiveness of the overall administrative and fiscal operations.
  4. Effectiveness of all programs including care/service provided under contract shall agreements.
  5. Utilization of personnel. Review and revision of policies and procedures and forms used by the PD.

Compliance as evidenced in:

- FEC/APE minutes
- written policies/procedures

Departments Involved in Development: Board of Directors, Compliance Committee, Legal Counsel  
Reviewed by Executive Board and approved by the Board 6/1/18  
Reviewed by Compliance Officer and approved 6/1/18  
All previous versions are obsolete