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The written version of the narration appears to the right of the screen.
Before beginning our session today, let’s briefly recap some of the information highlighted in Module 101, Part 1. In Part 1, we learned:

* how quality concepts have evolved over time and how men like Shewhart, Deming, Juran and Donabedian influenced the development of these concepts;

* how perspectives of quality may differ depending on the roles we play—individuals, family members, ODP staff, counties/AEs, providers, SCOs, etc.;

* ODP’s mission, vision, values, and quality priorities and how they are developed, implemented and evaluated;

* ODP’s QM structure and roles and responsibilities of key stakeholders.

Having refreshed our memories about key concepts presented in Part 1, let’s continue our discussion in Part 2.
Today’s training objectives for Part 2 include:

* Learning more about Quality Management Structures ODP uses to manage quality and the importance of your role and responsibilities within these structures;

* Gaining an understanding of ODP’s Quality Framework and the expectations ODP has relative to quality; and

* Describing the Design, Discovery, Remediation and Improvement Model (DDRI) and the Plan, Do, Check, Act Cycle (PDCA) used in ODP’s Quality Management Strategy.
As we’ve noted, ultimate responsibility for the Quality Management Strategy of ODP rests with the Deputy Secretary who delegates responsibility to others on the Executive Leadership team, Program Oversight Groups, and local quality oversight groups as appropriate to each Bureau, program or both.

A quality organization requires structure to define expected behavior through its management systems, processes, and procedures and to assess how well it is doing by monitoring and measuring its functions and processes. Without structure, an organization cannot perform efficiently.

In addition to finalizing ODP’s mission, vision, values and quality framework, and setting ODP’s quality improvement priorities in conjunction with the ISAC, ODP’s Executive Leadership oversees and monitors organization-wide quality management activities and results. To carry out this important responsibility effectively, ODP has established a structure in which groups of leadership and staff at each level of the organization serve as oversight bodies to review and analyze findings submitted by staff and established workgroups and make recommendations accordingly.

Considering information and recommendations received from the ISAC and Program Quality Oversight Groups, Executive Leadership also continuously evaluates the effectiveness of the Quality Management Strategy and makes adjustments when warranted.
Examples of Program Quality Oversight Groups are the Community Services Quality Oversight Group and the State Centers Quality Oversight Group. These groups are responsible to ensure program alignment with ODP’s mission, vision, values, quality framework and improvement priorities. At this organizational level, work is completed to aggregate statewide data, review trends, patterns and outcomes, and identify improvement opportunities and practices to be adopted, modified or eliminated.

Program Quality Oversight Groups ensure that strategies to achieve EveryDay Lives recommendations specific to their areas of responsibility are implemented and evaluated. These groups ensure that waiver assurances and other regulatory requirements specific to their areas of responsibility are met and that remediation activities to address noncompliance issues are implemented when necessary.

Program Quality Oversight Groups report their progress and recommendations to ODP’s Executive Leadership.
Regional Office Quality Oversight Groups and State Center’s Quality Oversight Groups are expected to ensure regional and State Center alignment with ODP’s Quality Management Strategy. These groups review measures reflecting regional or State Center performance, analyze aggregate data, identify trends, remediation activities and improvement opportunities.

These oversight groups report their progress and recommendations to the appropriate Program Quality Oversight Groups.
In addition to ensuring alignment with ODP’s Quality Management Strategy, County MH/ID Programs or Administrative Entities (AEs) are also responsible for reviewing performance measures reflecting County Program and AE performance, analyzing aggregate data, identifying trends, remediation and improvement activities. As part of ODP’s Quality Assessment & Improvement (QA&I) Process, AEs also conduct provider monitoring as agents of ODP, then prepare and submit their findings and follow-up to the appropriate Regional Office.

Waiver and Non-Waiver Providers (that is, direct service providers and Supports Coordination Organizations) play key roles in assisting individuals and families to live everyday lives by developing person-centered service plans and by ensuring person-centered services and supports are provided on a daily basis. Providers are expected to review their available performance data and identify and address trends, patterns and outcomes. They collaborate with system partners in improving local services and supports and also share quality information with these partners and other stakeholders.

Local Quality Improvement, or QI Councils are comprised of a variety of stakeholders, including individuals, families, AEs, providers, and other system partners. QI Councils provide input to ODP and the ISAC as quality improvement priorities are set. They may also establish workgroups, as needed, to evaluate particular areas of concern, recommend plans of action and review follow-up information regarding the implementation of those plans.
This “bottom-up, top-down” approach to collaboration and exchange of information helps all system partners to better support people to achieve increased independence and enhanced quality of life. Using our Quality Management Strategy, we work together to realize our vision—to improve an effective system of accessible services and supports that are:

* Flexible
* Innovative and
* Person-centered.
The next step toward helping us practice Quality Management to support individuals and families is to zero in on how we can define quality in ways that have meaning in our day-to-day operations and that can be measured.

To achieve this, ODP has adopted with some modifications the Home and Community-Based Services (HCBS) Quality Framework developed through the work of the Centers for Medicare and Medicaid Services (CMS) and other national leaders in our field. Please refer to the HCBS Quality Framework handout accompanying this Module. This Framework provides definitions of quality in a number of Participant-Centered Focus Areas and System Performance Focus Areas.
In the Participant-Centered Focus Areas, the HCBS Quality Framework sets the following desired outcomes:

* Individuals have access to home and community-based services and supports in their communities;

* Services and supports are planned and effectively implemented in accordance with each participant’s unique needs, expressed preferences and decisions concerning his/her life in the community;

* There are sufficient Home and Community-Based providers and they possess and demonstrate the capability to effectively serve participants;

* Participants are safe and secure in their homes and communities, taking into account their informed and expressed choices;

* Participants receive support to exercise their rights and in accepting personal responsibilities; and

* Participants are satisfied with their services and achieve desired outcomes.
By also focusing on these System Performance areas, ODP strives to ensure that these additional outcomes are achieved:

* Organizational performance is continuously measured, evaluated and improved. Individuals and other stakeholders are engaged in designing and improving services;

* A stable, knowledgeable and effective workforce is developed and maintained;

* Fiscal practices are state-of-the-art, accurate and efficient; and

* Information systems are state-of-the-art, cost-effective, efficient and support data-based management.
By developing desired outcome statements in each identified area of focus, a quality framework serves as a very powerful tool because it outlines in a comprehensive way the major functions and processes we are all engaged in—and then goes a step further to define expectations for quality performance in each area for staff.
To more clearly understand Home and Community-Based Services concepts, let’s review the following example:

One major function of ODP is to ensure individuals we serve in all of our programs are healthy, safe, and protected. In ODP’s QM Strategy Bulletin, our broad statement of quality related to this major function is captured in two desired outcomes in the area of Participant Safeguards.

For ODP, quality happens when:

* Individuals are safe and secure in their homes and communities, taking into account their informed and expressed choices, and when
* Individuals are supported to achieve and maintain optimal health.

Notice that these statements about quality for people we serve are developed in consideration of our values that place high regard on choice and control in everyday life.
Within the HCBS Quality Framework, each Focus Area is broken down further into specific subareas with associated desired outcomes. Specific subareas within the Participant Safeguards Focus Area of the HCBS Quality Framework include:

* Risk and Safety Planning
* Critical Incident Management
* Housing and Environment
* Restrictive Interventions
* Medication Management
* Natural Disasters and other Public Emergencies.

Each subarea is accompanied by a targeted desired, measurable quality outcome. For example, in the area of Critical Incident Management, quality happens when:

There are systemic safeguards in place to protect participants from critical incidents and other life-endangering situations.
How are these desired outcomes translated into day-to-day operations? Let’s examine the area related to abuse, neglect, and exploitation. In this example, consistent with the desired outcome, providers work to ensure that safeguards are in place to protect program participants by designing programs to include policies and procedures for prevention, detection, reporting, and responding to incidents of abuse, neglect, and exploitation.

Training on these policies and procedures is then conducted for all new staff and ongoing. Expectations for staff behavior are incorporated in the training curriculum, including the context for staff behavior guided by mission, vision, and values.

Because policies, procedures, mission, and values are shared and refreshed with staff on a routine basis, staff know the expectations for working with the individuals entrusted to them and they are able to perform in ways that are supportive and accurate. The intended results are that people are protected from critical incidents and that they do feel safe because abuse, neglect, and exploitation are prevented or managed well.
Incorporating Donabedian’s quality management principle that structure leads to process and process leads to outcome (Refer back to Module 101, Slide 16), we can see more easily the connection between actions we take and the outcomes or results we achieve.

In this example, provider leadership ensures that structural components are in place to support organizational rule-setting, procedure, training, and expectations of staff related to the management of abuse. Staff go forth and carry out the related procedures in the spirit intended to safeguard individuals. If they achieve excellence in carrying out process steps, they increase the likelihood that the outcome, or result that people are protected will be achieved.

When an organization takes the next step in implementing quality management strategy by measuring incidents of abuse, neglect, and exploitation—implementing the performance measurement aspect of quality management strategy—and finds that incidents of abuse are increasing in number over time, Dr. Donabedian would also say that exploring the reasons why abuse events are increasing should be supported by the structure, process, outcome connection. He would say that the processes for prevention, detection, reporting, and response to abuse events should be studied to determine where the breakdown occurred, and when a breakdown in process is identified and addressed, the incidence of abuse events should decrease.

An example is perhaps that staff in a provider organization observed behavior of another staff person that was not caring and respectful and did not follow the reporting procedure so that the behavior could be addressed—or perhaps staff did report the behavior but didn’t report it timely. Dr. Donabedian would then say that if it appears after analysis that processes are followed by staff and outcomes remain poor, the leadership of the organization should go back even further to examine structure and determine whether the structural components are sufficient and effective. An example might be that not all staff are receiving the required training.
For each program in the Office of Developmental Programs there are also expectations for quality assurance, or quality control, activities that are mandated through federal and/or state requirements. These requirements are another component of Quality Framework.

For the waiver programs managed by the Bureau of Community Services, the Consolidated and P/FDS Waivers, and by the Bureau of Autism Services, the Adult Autism Waiver, CMS has established specific expectations for quality assurance activities to be carried out. These expectations are based on federal statutes and include:

* Level of Care Evaluations and Reevaluations
* Service Planning and Delivery
* Provider Qualification
* Health and Welfare
* Financial Accountability
* Administrative Authority

In order to track and analyze its performance over time and to be prepared to report results to CMS, ODP has developed performance measures in each of these waiver assurance areas.
The State Centers have also identified focus areas for their quality assurance activities to comply with CMS regulations and to improve the quality of life for the people residing in the Centers. These focus areas include:

* **Community Connections**, including Community Engagement, Integration and Transition to community living for people living in the State Centers, Family Engagement and Involvement, and Employment;
* **Quality of Life**, the area that addresses Person-Centered Approaches to Service Planning and Delivery as well as Environmental Improvements;
* **Safety**, including Crisis, Risk and Incident Management, and Environmental Safety;
* **Healthy Living**, with a focus on Physical Fitness and Activity, Health Services, Positive Mental Health Support, and Restraint Reduction;
* **Workforce**, where Staff Development and Training, Staff Wellness, and Staff Accident and Injury Reduction are studied and addressed;
* **Regulations**, in which Policy and Procedure and Survey Readiness and response to Citations and Recommendations are managed; and
* **Financial Accountability**, which focuses in on Budget, Staffing, and Overtime.

The State Centers have developed performance measures in each of these focus areas to drive positive change. The performance measures are utilized to track and analyze data over time in a cycle of continuous quality improvement activities.
Let’s consider the concepts we’ve covered to this point in the context of the “Ten Basic Principles of Quality Management.” These “Ten Basic Principles of Quality Management” were developed in the 1990’s to gauge how industrial quality improvement methods could result in significant improvement in clinical processes and medical care outcomes.

Dr. Donald Berwick, appointed by President Barack Obama in July 2010 as the head of the Centers for Medicare and Medicaid Services, was known as a passionate advocate for improving the health care system. He as well as other well-known experts in the field of health care reform, espouse the idea that the “Ten Basic Principles of Quality Management” can be applied not only in the provision of medical care but in any system in which the desired goal is to provide excellent outcomes for individuals it serves.

Pay close attention to how these Ten Principles mirror many of the basic concepts and principles discussed earlier in our presentation...
1. Productive work is accomplished through processes;

2. Sound customer-supplier relationships are absolutely necessary for sound Quality Management;

3. The main source of quality deficits is problems in the process;

4. Poor quality is costly;

5. Understanding the variability of processes is the key to improving quality;

* Productive work is accomplished through processes;

* Sound customer-supplier relationships are absolutely necessary for sound quality management;

* The main source of quality deficits is problems in the process;

* Poor quality is costly;

* Understanding the variability of processes is the key to improving quality;
6. Quality control should focus on the most vital processes;

7. The modern approach to quality is thoroughly grounded in scientific and statistical thinking;

8. Total employee involvement is critical;

9. New organizational structures can achieve Quality Improvement;


Similar to ODP’s “balanced approach” to quality management, these 10 Principles also emphasize the importance of:

* organizational expectations for performance of identified processes
* continuous measurement, analysis and remediation of identified problems
* implementation of improvement activities to enhance services.
Within the Home and Community-Based Services Quality Framework, CMS describes Quality Management for us as a cycle of design, discovery, remediation and improvement. This cycle is referred to as the DDRI Model and is depicted on page 1 of your handout.

The Design phase of this model involves building organizational structures and processes to set the stage for achieving positive outcomes. Design means building a system that includes proactive mechanisms to avoid quality problems, defines performance measures to assess quality and identify priorities for intervention, specifies how data will be collected to monitor program implementation, and welcomes quality improvement.
Discovery refers to performance measurement and analysis of findings by process owners or internal subject matter experts. Using performance measures and other objective data can indicate whether the program is working as intended to achieve desired outcomes, such as choice and control, employment and community participation, for individuals and families.
ODP “discovers” or collects its data in a variety of ways.

Major data sources ODP uses to assess and guide quality improvement and ensure we are meeting CMS requirements, regulations, and ODP’s standards, policies, and procedures are:

* **Independent Monitoring for Quality (IM4Q)**, where independent monitoring teams of people with disabilities and their families conduct a structured interview process that helps ODP gather information related to quality of life for individuals with an intellectual disability and/or autism;

* A subset of data gathered through IM4Q is submitted to **National Core Indicators (NCI)**, a national project that compares experience of individuals and their families across states. Data from IM4Q and NCI help ODP gauge progress in realizing ISAC Recommendations including Assuring Effective Communication, Promoting Self-direction, Choice and Control, and Increasing Community Participation;

* **Quality Assessment and Improvement (QA&I) Process**, an Administrative Entity, Supports Coordination Organization, and Provider self-assessment survey and monitoring process used by ODP to assess and improve the experience of individuals and families served by the system and to ensure ODP’s expectations and the requirements of CMS are met;
* The **Home and Community Services Information System (HCSIS)**, a web-based application that supports ODP by enabling users to enter and retrieve demographic and service planning data, information and reports on participants enrolled in its programs;

* **Enterprise Incident Management (EIM)**, a web-based application that supports ODP to ensure health and safety of individuals by enabling users to enter and retrieve incident data, information and reports on participants enrolled in its programs; and the

* **Provider Reimbursement and Operations Management Information System, PROMISe™**, a single system that processes human services claims and manages financial information activities for ODP’s Waivers.
ODP also collects and organizes needed data through the creation of “ad hoc” or customized tools when modification of already existing databases is not possible or when collecting data manually just makes sense.

A few examples of these “ad hoc” data collection tools include:

**Excel Spreadsheets** (For example, State Centers compile a “Monthly Snapshot” using Excel to aggregate data on identified performance measures); and

**Logs** (ODP Regional Offices use an exception log developed to track and follow up manually all cases in which it is determined that prompt action to protect health and safety of individuals was not taken).
By collecting data from our various sources and studying results over time we can conclude “How well did we do”?

“In carrying out our particular roles and responsibilities, were our interactions caring, timely, accurate, respectful, safe, and effective?”
The Remediation step in the DDRI Model involves fixing each individual quality problem when it is discovered in order to enhance quality overall and to achieve compliance with requirements.

When evaluating the state’s efforts to remediate, CMS looks for evidence that all problems found through the data collection or discovery process have been addressed as well as what strategies were employed to fix those problems. When remediation data are aggregated in a report, CMS is looking for that aggregate data to include instances of noncompliance that were not yet remediated at the time of the report and the reasons why.
In the end, if discovery data show less than 100% compliance, CMS expects that each individual problem identified will be remediated so that the state achieves 100% compliance.
CMS consultants provide a report demonstrating these concepts. In this case, the operation involved is Level of Care reevaluation that requires waiver participants to receive an annual reevaluation of Level of Care (LOC) within 12 months of their last annual LOC evaluation. The Discovery data show that this hypothetical state achieved 91% compliance. Of a sample of 300 waiver participants, 270 received LOC reevaluations within the expected time frame while 30 did not.

In the Remediation section of the report, the state lists how it went about remediating individual problems, the results of its efforts to remediate all problems, the time it took to accomplish corrections, and why remediation was not successful in any case that applied.

As can be seen in the report, reevaluations of LOC were performed in 25 cases such that the outcome was the participant remained eligible for waiver services. In 5 cases, reevaluations of LOC were performed and individuals were found not to be eligible. Further remediation of these 5 cases was carried out. 4 individuals were referred to state-funded programs and claims from the period of ineligibility were excluded from Federal Financial Participation, or FFP. In one case, noncompliance was not addressed and the state explained why. The reevaluation was not yet carried out due to the holidays.

This report also shows the number of reevaluations that were remediated in 30 days or less, between 31-60 days, and in greater than 60 days.
As previously stated, ODP is expected to implement remediation strategies in order to fix individual quality problems when they are discovered. As remediation activities are implemented, CMS also expects ODP to analyze aggregate data over time to determine whether compliance with required benchmarks and overall quality has been achieved. If underlying systemic problems are identified, ODP must implement long-term solutions, or improvement strategies, and use data to measure program success.

Specifically, in any case where aggregate performance is less than 86%, CMS requires the state to develop and implement a quality improvement plan to move results to 86% or greater—or provide a justification for why a quality improvement plan is not needed that CMS can review and consider.

ODP, in turn, asks Providers, Supports Coordination Organizations, and Administrative Entities to analyze any performance results less than 86% using this same path. If review and analysis supports the conclusion that a systemic problem exists and an improvement strategy should be developed and implemented, ODP will look for the entity involved to write a Quality Management (QM) Plan and Action Plan to address the systemic concern.
Implementation of improvement strategies is the fourth key component of the Design, Discovery, Remediation and Improvement Model. Before implementing improvement strategies, baseline performance should be assessed and evaluated in order to help determine appropriate, realistic target objectives. When such opportunities are identified, ODP uses the Plan-Do-Check-Act (PDCA) Cycle to implement system improvements. This PDCA model consists of the following steps, carried out in a continuous, cyclic manner.

**Plan** how improvement will be accomplished. Write an action/work plan that specifies goals, measurable objectives, action steps, responsible person(s), and evaluation for the targets met.

**Do** implement the improvement plan, including education about the process change.

**Check** the effect of improvement steps by collecting data; analyze data and summarize lessons learned. Determine the success or failure of the plan.

**Act** to hold the gains or to continue the improvement process. Incorporate the plan and/or solution into practice. Inform and educate all involved. Continue to monitor and evaluate progress.

We will continue to discuss the Plan-Do-Check-Act Cycle and how to apply it to achieve quality improvements in future Modules.
Implementation of models for Improvement are dependent on the use of data and performance measurement. In this context, let’s continue talking about quality and information management.

As we’ve discussed, ODP has developed performance measures for each of its program areas to allow us to self-evaluate by tracking and analyzing collected data and information over time. Performance measures:

* Provide targeted information with which to make data-based management decisions;
* Reveal opportunities for quality improvement;
* Uncover valuable insights that support planning for the future; and
* Provide evidence of performance measurement and quality management to regulators.

Achieving quality equates with setting organizational expectations for desired outcomes, then monitoring and evaluating those outcomes using performance measures.
Information Management is essential in the measurement of quality. Most importantly, Information Management is a system or set of processes, specifically designed and planned for the collection, organization, and use of information that has value related to the organization’s need to make decisions based on fact (evidence).

Information is seen as data transformed through analysis and interpretation into a form useful for decision making.

While data are uninterpreted observations, facts or material usually collected as a result of assessment activities, information is data transformed through analysis and interpretation into a form useful for decision-making.
All information management processes in ODP follow the same seven steps:

Step 1: Plan and organize for data collection, interpretation and use.

Step 2: Verify data and ensure corrections are made as needed.

Step 3: Identify and present potentially important findings.
  * What is the trend over time?
  * How are the data likely to be interpreted or misinterpreted?
  * Is there any opportunity for improvement?
  * Who should receive the data and for what purpose?

Step 4: Study and analyze the data further to develop recommendations for change. Include:
  * Variation analysis
  * Review of additional data
  * Process analysis
  * Focused review

Step 5: Take action to improve everyday lives and services, such as:
  * Training
  * Change in policies and practices

Step 6: Monitor performance for the impact and effectiveness of the quality improvement actions that were implemented.

Step 7: Communicate results.
ODP regards every manager and supervisor in the service system as a quality manager who, in order to be effective, routinely and successfully applies the principles, practices and tools we've talked about in these two Parts of Module 101, Introduction to Quality Management.
Quality Managers help staff achieve desired outcomes by:

- Making a commitment to lead in the continuous quality improvement mission,
- Creating and maintaining a work culture with a quality passion,
- Educating all employees continually about the benefits of quality management,
- Empowering staff to effect positive change and...
- Providing training and support for ongoing quality planning, quality measurement and quality improvement activities.
This concludes Part 2 of the Introduction to Quality Management.

Both Parts 1 and 2 are the first in a series of Quality Management Modules designed to serve as a resource for leaders in ODP and the service delivery system. We are using a competency-based approach that is designed to support the mission, vision, and values of ODP and to foster the implementation of its quality framework and methodology.

We’ve introduced ODP’s Mission, Vision, and *Everyday Lives* Values, QM structures, including the Information Sharing and Advisory Committee (ISAC), Executive Leadership, Quality Oversight and Improvement Groups and Councils. We’ve reviewed fundamental quality concepts, including that quality management is a balance of quality planning, quality assurance or control, and quality improvement. We’ve described ODP’s Quality Framework, the DDRI Model and the PDCA Cycle. Finally, we began to discuss performance measurement and information management.

In Module 102, Parts 1 and 2, we will discuss in more depth Using Information and Tools for Quality Management.
Electronic resources supporting this Module are available online on MyODP.org at the links provided on this slide. If you have not yet received a user name and password to access MyODP, instructions for obtaining a login are on the website’s home page.

Now that you have viewed this presentation, we suggest that you meet with your supervisor to discuss in more detail the information provided in this webcast and your roles and responsibilities for quality management within your position.

Please also be sure to view additional lessons in ODP core philosophies and business operations and the QM Certification series found where you accessed this webcast.

The understanding and application of quality management in ODP are essential to our success in supporting individuals and their families to live *Everyday Lives* and we thank you for your attention and learning.
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Thank you for participating in this lesson.