Welcome to the Orientation to the Office of Developmental Programs. This lesson is Part 1 of a two-part webcast focused on the overview of the Quality Management (QM) Certification Program.

The information presented here was developed and reviewed by ODP leadership for you to begin to build your knowledge in your important role as a member of the ODP team.

Future lessons in this series will be made available, providing an overview of information related to the Office of Developmental Programs that focuses on core philosophies, operational components and business practices.

Separate lessons within this series will focus on the program bureaus within ODP including, Community Services, State Centers and Autism Services. Common focus areas to be highlighted in the series are ODP’s role in oversight of service planning and delivery of services, ensuring health and safety and continuous quality improvement.
Please adjust your computer volume to a comfortable listening level for you.

While viewing this webcast, there is a pause and reverse button that can be used throughout the presentation.
Hello, my name is Diana Ramirez. I am ODP’s Quality Management Coordinator working to support ODP staff and stakeholders to implement quality management across ODP. In this role, I have participated in the development and writing of ODP’s Quality Improvement Strategy for the Consolidated and P/FDS Waivers, including performance measures, remediation and improvement strategies.

I will be presenting the first section of this webcast. Later in the presentation, Amy Henasey and John Sloyer will be narrating.

Amy is the Quality Assurance/Risk Management Coordinator for the State Centers, within the Bureau of Supports for People with Intellectual Disabilities. Her role includes supporting the Centers both individually and as a statewide system to develop, implement and evaluate quality management and improvement activities consistent with the Quality Management Strategy of the Office of Developmental Programs.

John is the Planning, Evaluation and Development Director for Selinsgrove Center within ODP. His role consists of directing Selinsgrove Center’s Quality Management Program and supervising the Center’s Quality Management Division in the Bureau of Supports for People with Intellectual Disabilities.
To set the stage for today’s presentation, let’s review ODP’s Purpose Statement related to ODP’s QM Certification Program.

The purpose of this training program is to build quality management capacity by enhancing the knowledge and skills of staff who function as leaders in quality management throughout the service delivery system.
Upon completion of this course, participants will be able to understand the components of the Quality Management Certification process. These components include:

- Ensuring program compliance with regulations
- Safeguarding the health and safety of individuals receiving services
- Implementing positive practices
- Offering the highest quality services

ODP strives to balance its quality management approaches in order to satisfy all four purposes.
To achieve these objectives, ODP has developed a series of training modules that are comprehensive and competency-based and apply general quality management principles, practices, and tools to support ODP's quality management needs. The QM Certification curriculum includes, but is not limited to, the following topical areas:

- Quality Concepts: Historical Review
- Definitions of Quality: Different Perspectives
- ODP’s Quality Management Strategy Bulletin, including Mission, Vision, Values, Quality Framework and Methodology
- The role of leadership in supporting quality management;
- The role of QM Staff in supporting quality management;
- Basic quality management concepts, including quality planning, quality control, also known as quality assurance, and quality improvement;
- Essentials of regulatory compliance for ODP’s programs;
- Information management, including methods for data collection, display, analysis, and reporting;
- Quality Management Teams, including team structure and process, roles and responsibilities of team leaders and members, and team facilitation skills;
- Risk Management and Incident Management
Now that we have reviewed the overall purpose, objectives and description of ODP’s QM Certification Program, let’s focus on today’s training objectives for Part 1. Through these objectives, ODP will:

• Discuss historical concepts related to quality measurement within an organization.

• Discuss how quality perspectives at all levels within an organization contribute to the organization’s overall quality approach and

• Describe ODP’s Quality Management Strategy, including Mission, Vision, Values, and the principles that guide our system and our work performance.
The concept of quality within organizations has evolved over time.

During the early 20th century, when industrial manufacturing companies became major contributors to the nation’s economy, quality issues within the workplace focused solely on a series of inspections to decide whether a worker’s job or a product met the requirements and was therefore acceptable.

This practice was not done in a systemic way but worked well when the volume of production was reasonably low. As industrial manufacturing expanded rapidly and workplace operations became more complex, the need for more effective quality practices became apparent.
In the 1920’s, inspections still played an important role within industrial settings but were no longer seen as the answer to all quality problems. Out of the need to establish more effective operational practices, some quality concepts began to emerge that called for a major philosophical change. Efforts were not directed at finding and fixing problems in products through end-point inspection but at finding and fixing problems in work processes.
One pioneer instrumental in promoting this key change was Walter J. Shewhart, an American statistician who was at one time an employee of the Bell Telephone Company. Shewhart developed a cyclical quality control method consisting of four continuous steps—Plan, Do, Check, Act. This methodology is still used today by many organizations to analyze different aspects of system performance; by reviewing business processes in the context of this continuous feedback loop, managers can identify and change parts of the process that need improvement. Just as a circle has no end, the Plan, Do, Check, Act cycle should be repeated again and again for continuous improvement.

We will talk more about this methodology later on in our presentation.
The genesis of Continuous Quality Improvement is generally associated with William E. Deming, an American expert in quality control who assisted the Japanese after WW II, to apply Walter Shewhart’s concept of cyclical quality control to manufacturing and all other business functions, such as design, marketing, distribution, sales and service delivery.

Ford Motor Company was one of the first American corporations to seek help from Deming in 1981. Deming questioned the company’s culture and the way its managers operated. To Ford’s surprise, Deming talked not about quality but about management. He told Ford that management actions were responsible for 85% of all problems in developing better cars.

Deming’s business philosophy is summarized in his famous “14 Points.” A complete list of the “14 Points” can be found in your QM Certification Manual.

Generally, Deming’s “14 Points” stress the importance of striving for constant improvement by infusing into an organization positive leadership and management principles. “Employees are an institution’s most precious assets and must be lead, not driven, by management.” By promoting creative thinking, staff development, education and teamwork, an organization can also empower its employees to feel more secure in their abilities to work more effectively.

Quality improvement is achieved within an organization when all employees focus every day on improving their own job performance.

In summary, Deming’s “14 points” of management prepare an organization for the future, while also encouraging increased productivity in the present.
Joseph M. Juran, a 20th century management consultant, is widely credited for adding the human dimension to quality approaches. He pushed for the education and training of managers, stressing an “overall concern for the entire management” and a “project approach” to quality improvement. In the mid-1950s, Juran also worked with top and middle management Japanese businessmen by initiating quality management courses that included concepts of what he called the “Juran Quality Trilogy”: Quality Planning, Quality Control and Quality Improvement.
Quality Planning identifies process issues critical to outcomes, setting quality improvement goals such as strategic quality initiatives, identifying and tracking the customers of a particular process and identifying, measuring, and prioritizing customer needs and expectations concerning the process and its outcomes.
Quality Control involves:
- measuring the extent to which an organization and individuals achieve and maintain desired outcomes
- measuring current performance and its variance from expected or intended performance, and
- properly interpreting that variability and using data to manage key processes, evaluate effectiveness, and facilitate further planning and improvements.
Quality Improvement uses collaborative efforts and teams to study and improve specific existing processes at all levels in the organization, systemically instituting optimal solutions to chronic problems and using the scientific problem-solving method to improve process performance and achieve stated goals.
Dr. Avedis Donabedian, a physician and renowned author, was instrumental in changing thinking about quality within modern health care systems. The principle that “structure leads to process and process leads to outcomes” was born out of Donabedian’s belief that social response to health problems is not a collection of unrelated events, but rather a complex process that follows general principles. More specifically…

**Structure** is the arrangement of parts of a care system or elements that facilitate care (for example: policies, staffing and resources).

**Process** refers to procedures, methods, means or sequence of steps for providing or delivering care and producing outcomes (for example: what activities are performed within a service delivery system to support the individuals that are served by that system).

**Outcomes** refers to the results of care, adverse or beneficial.

This three-tiered principle enables us to see more easily the connection between actions we take and the outcomes or results we achieve.

Hi, this is Amy. Let’s continue talking about quality.

As we have learned, Shewhart, Deming, Juran and Donabedian were all pioneers in the development of quality concepts and principles within the workplace. We will expand more on these concepts and principles as we progress through our training materials.

Each man’s perspective of quality extended well outside the walls of the factory to encompass non-manufacturing processes, especially those thought of as service related. Underlying themes in each of the quality concepts we just reviewed focus on helping an organization to achieve better outcomes for the people it serves by:

• achieving excellent technical performance (for example, regulatory compliance), implementation and consistent application of sound business practices, measurement of key processes and initiation of improvement strategies.

• fostering teamwork and system improvement, recognizing that each person—at each level in the organization—possesses a unique perspective on what quality means. Each person’s perspective plays an equally important role in determining an organization’s overall quality strategy. Everyone, with no exception, should strive to achieve his/her optimal performance.

and finally…..

• increasing consumer satisfaction by combining excellent technical performance, cohesive team approaches and successful improvement strategies. A satisfied consumer is one who receives excellent, respectful and timely services and… after all, pleasing the consumer is really what it is all about.
So, how does ODP apply these quality concepts in the everyday operation of its programs? As seen in this slide, ODP has many stakeholders. It is likely that each stakeholder has a unique perception of what is meant by quality.

The Department of Health (DOH), the oversight body that monitors our State Centers for regulatory compliance, may view quality as the completion of an on-site inspection that results in no or very few regulatory citations.

Administrative Entities (AEs) may view that quality services are delivered when they successfully meet the AE Operating Agreement expectations set by ODP; for instance, determining level of care eligibility, overseeing qualification and monitoring of service providers and approving and authorizing Individual Service Plans for individuals receiving services.

Service Providers may say that quality is achieved when individuals for whom they have responsibility remain safe in their home environments and are cared for by well-trained, compassionate staff; that individuals receive the services as outlined in their Individual Support Plans and that health issues are addressed ongoing.

So……
Where does discussion about all of this lead?

We all play an important role in delivering quality services to the individuals we serve. By striving to achieve our optimal performance in the areas for which we have responsibility—at each level in the organization—the end result will be….

Consumer Satisfaction.

For ODP, that means……

Individuals and families who receive services though ODP’s multiple programs can report that quality has been achieved for them when: services provided are based on person-centered, individually assessed needs and preferences; services are timely and consistently delivered as outlined in the Individual Support Plan; living environments are safe; and caretakers are respectful, reliable and responsive to their needs.

Now that we know where we want to go, let's talk about ODP's strategy to get us there.....
Keeping in mind the ultimate goal of achieving consumer satisfaction through the delivery of quality services, ODP has incorporated the quality concepts and principles we just reviewed into the foundation of its Quality Management Strategy. Equally important in the development of this Quality Management Strategy is the inclusion of a quality framework and quality management structure.

A quality framework provides ODP and all parties who have a stake in the quality of its program services and supports with a common frame of reference by focusing attention on the link between established processes and standard operating procedures and the achievement of desired outcomes for individuals we serve.

Quality management structure allows ODP to allocate responsibilities for the implementation of these processes and operating procedures.

We will elaborate on these Quality Management Strategy components later on in our presentation.
A major building block and unifying activity for us in establishing a strong foundation for quality management has been the development of the Office of Developmental Program’s Quality Management Strategy document. All of ODP’s program areas, including waiver and base Community Services, State Centers, private ICFs/ID, and Autism Services’ programming take direction regarding ODP’s expectations for quality from this document.
A Quality Management Strategy document incorporates elements everyone involved in helping to achieve an organization’s mission and vision needs to know and understand in order to act appropriately and effectively to support organizational success. These elements are incorporated in our document and they include: the purpose of the Strategy; how ODP defines its quality culture and quality framework; the principles and practices that guide implementation of our Strategy; our overarching Quality Management Structure; and
Quality Management roles and responsibilities for stakeholders. These stakeholders include executive leadership, Central and Regional Office staff, State Centers, County MH/ID Offices, Administrative Entities, Supports Coordination Organizations (SCOs), waiver providers, non-waiver providers, private ICFs/ID, advisory bodies, and Quality Improvement Councils.
ODP’s Quality Leadership Board is the body that has worked to develop the Office’s Quality Management Strategy. This group is led by the Deputy Secretary, who has ultimate responsibility for the quality of services and supports we deliver and for the quality program we choose to put in place. Additional members of the Quality Leadership Board include Bureau Directors, Division Directors, QM Director, Policy Director and Training Director.
ODP’s Quality Leadership Board continues its commitment to support independence and quality of life goals of Pennsylvanians with developmental disabilities, and has crafted its current mission statement to reflect this commitment….

ODP’s Mission statement reads as follows: The Office of Developmental Programs’ mission is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.
In addition, ODP’s leadership developed a vision statement. This vision statement adds direction and reflects the intentions of the Office to continue to evaluate its scope—those individuals with developmental disabilities in Pennsylvania who are served—and its performance in serving them, then grow its system as necessary to close identified gaps in the need for services. Now that the Bureau of Autism Services has become part of the Office of Developmental Programs, this vision incorporates efforts to serve individuals with Autism Spectrum Disorders. As you can see, ODP’s vision statement also commits to ensuring that we continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.
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The Office of Developmental Programs’ commitment to Everyday Lives values is reinforced in the Quality Management Strategy document.

ODP’s Everyday Lives Values, found in your certification manual, stress the importance of:

- Choice
- Control
- Quality
- Stability
- Safety
- Individuality
- Relationships
- Freedom
- Success
- Contributing to the Community
- Accountability
- Mentoring
- Collaboration

Two additions have also been made to ODP’s values
The first is the acknowledgement of the values set forth by the Autism Task Force in their Autism Task Force Report and adopted by the Bureau of Autism Services.
The second addition is a set of values that describe expected behavior for ODP’s staff to integrate into the performance of their daily responsibilities.
These values emphasize:

• Transparency, which sets an expectation that we will continuously share information and talk with our internal and external stakeholders, and that we will listen to individuals with developmental disabilities, their families, caregivers, and friends;
• Excellence, which asks us to become familiar with and implement best practices;
• Accountability, which charges us with the responsibilities to administer our programs equitably and to be fiscally responsible for all stakeholders; and
• Collaboration, which continues ODP’s commitment to work together with partners across the State to achieve our mission and vision on behalf of the individuals we serve.

To further refine its Quality Management Strategy, ODP is currently in the process of developing an ODP set of values and value statements that synthesizes the essence of values contained in Everyday Lives values, Bureau of Autism Services values and ODP staff values.
A “quality” Quality Management Strategy is founded solidly on mission, vision and values and uses those principles to guide leaders, managers, supervisors and staff to act repeatedly to bring all important elements in the work environment together into alignment in support of common interests and goals.

When alignment is achieved, all those who work in the organization—all of us—interpret the roles we play in light of the mission, vision and objectives to be met. Since we know the definition of success, work processes are designed and implemented to support the achievement of that success.
Hi, this is John. I will be presenting the remainder of this webcast.

So, to continue, the next step we take to help us use our Quality Management Strategy to support people we serve is to zero in on how we define quality in ways that have meaning in our day-to-day operations and that can be measured. To achieve this, ODP’s Quality Leadership Board discussed and adopted with some modifications the Home and Community-Based Services (HCBS) Quality Framework developed through the work of the Centers for Medicare & Medicaid Services (CMS) and other national leaders in our field of work.
The Home and Community-Based Services (HCBS) Quality Framework provides a common frame of reference in support of productive dialogue among all parties who have a stake in the quality of services and supports for persons with disabilities.

Quality Management gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure 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.
System Performance Areas

- Quality Management
- Human Resources Management
- Financial Management
- Information Management

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. On page 3 of ODP’s QM Strategy Bulletin, our broad statement of quality related to this major function is captured in two desired outcomes under the Participant-Centered Focus Area and 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 IV 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 principles of structure leads to process and process leads to outcome, 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 serve 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 exploration of 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 also 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.
This concludes the ODP Orientation lesson on Part 1 of the overview of the Quality Management Certification Program.

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 be sure to view Part 2 of this QM Certification webcast and other future lessons in ODP Orientation found where you accessed this webcast.