Welcome to the Orientation to the Office of Developmental Programs. This lesson is Part 2 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.
Please adjust your computer volume so that it is at a comfortable listening level for you.

While viewing this webcast, there is a pause and rewind button that can be used throughout the presentation.
Hello, my name is Cathy Traini. I am a program representative supervisor for ODP in the Western Region. I am the Regional Lead for Quality Management, the Person/Family Directed Support and Consolidated Waiver, and Provider Qualification.

I will be presenting the first section of this presentation. Later in the presentation, Terri Sechrengost will be narrating.

Terri is the Acting Director of Clinical Services at Ebensburg Center. She is responsible for the physicians, nursing and pharmacy services, physical, occupational and speech therapy.
Before beginning our session today, let’s briefly recap some of the highlighted information presented in, Part 1. In Part 1, we learned about:

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

* how ODP applies these quality concepts in the everyday operation of its programs;

* how ODP has identified quality management roles and responsibilities for key stakeholders and has incorporated its mission, vision and values into an overarching Quality Management Strategy document and finally….

* how ODP’s adoption of the Home and Community-Based Services 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 individuals with disabilities.

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:
*Identifying Quality Management Structures ODP uses to manage quality and the importance of your role and responsibilities within these structures;
*Gaining a more in-depth understanding of ODP’s Quality Framework and the expectations that ODP has relative to quality; reviewing the importance of ensuring program compliance with regulation, safeguarding the health and safety of individuals receiving services, implementing positive practices and offering the highest quality services that promote choice and control in individuals’ everyday lives……and
*Describing the Design, Discovery, Remediation and Improvement model (DDRI) and the Plan, Do, Check, Act (PDCA) Cycle

Objectives - Part 2

• Identify ODP’s QM Structures
• Gain understanding of ODP’s Quality Framework
• Describe the Design, Discovery, Remediation, and Improvement (DDRI) Model
• Use the Plan, Do, Check, Act (PDCA) Cycle
Ultimate responsibility for the Quality Management Strategy of ODP rests with the Deputy Secretary. Responsibility is delegated to the Quality Leadership Board, 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, its processes, and its procedures and to assess how well it is doing by monitoring and measuring its functions and processes. Without structure, an organization cannot perform efficiently.

Keeping this important concept in mind, ODP's Quality Leadership Board developed a Quality Management Structure in which oversight groups at each level of the organization serve as overarching bodies to review findings submitted by all established workgroups in the organization and make “big picture” recommendations accordingly.

In addition to establishing ODP’s mission, vision, values and quality framework, the Quality Leadership Board oversees and monitors all processes related to ODP’s Quality Management Strategy. Based on information and recommendations received from Program Quality Oversight Groups and other stakeholder groups, the Quality Leadership Board continuously evaluates the effectiveness of the Quality Management Strategy, sets ODP’s improvement activities accordingly and reviews and approves ODP’s annual Quality Management Plans.
Program Quality Oversight Groups such as those in Community Services and State Centers are responsible to ensure program alignment with ODP's mission, vision, values and quality framework by overseeing all processes related to ODP's Quality Management Strategy. 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.

In addition, Program Quality Oversight Groups ensure that waiver assurances and other regulatory requirements are met and that remediation activities to address noncompliance issues are implemented when necessary. Program Quality Oversight Groups report their progress and recommendations to the Quality Leadership Board.
Regional Office Quality Oversight Groups and State Centers Quality Oversight Groups are expected to ensure regional and State Center alignment with ODP’s Quality Management Strategy. These groups review performance measures reflecting their 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. AEs conduct provider monitoring and prepare and submit to the appropriate Regional Office Quality Oversight Group semi-annual Incident Management (IM) Reports. ODP does not require AEs to submit QM Plans, except upon request.

Waiver and Non-Waiver Providers (that is, direct service providers and Supports Coordination Organizations) play an important role in ODP’s Quality Management Strategy by reviewing available provider performance trends, patterns and outcomes, supporting ODP’s Provider Monitoring processes and preparing and submitting to the appropriate Administrative Entity semiannual Incident Management Reports. They collaborate with system partners in improving local services and supports and also share quality information with these partners and other stakeholders.

QI Councils provide input on priorities to be included in ODP’s annual Quality Management Plan and make recommendations to address identified deficiency areas and opportunities for improvement. QI Councils also establish workgroups, as needed, to evaluate particular areas of concern, recommend plans of action and review follow-up information regarding implementation of plans.
This “bottom-up, top-down” approach to collaboration and exchange of information positions ODP to better support people to achieve increased independence and enhanced quality of life by improving our system in specific ways. These specifics are included in our vision statement which says these goals we’re interested in achieving in the next 3-5 years. These goals are to continuously improve an effective system of accessible services and supports that are:

*Flexible
*Innovative
*Person-centered
On an annual basis, ODP’s Quality Leadership Board evaluates the success of our Quality Management Strategy and makes adjustments as necessary to enhance our performance in each successive year by
* changing priorities
* using different approaches to ensure progress
* modifying roles and responsibilities of key entities, and
* modifying data sources in order to retrieve the information needed for measurement.
For each program in the Office of Developmental Programs there are also expectations for quality assurance activities that are mandated through federal and/or State requirements. As an example, in the waiver programs managed by Community Services, 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 Determinations and Redeterminations
* Service Planning and Delivery
* Provider Qualification
* Ensuring Health and Safety
* Financial Accountability
* Administrative Authority

In order to track and analyze its performance over time, ODP has developed performance measures in each of these waiver assurance areas.
Based on Department of Health regulations, the State Centers have also identified focus areas for their quality assurance activities. These focus areas include:

* Governing Body
* Client Protections
* ISP/Active Treatment
* Behavior Support
* Health
* Support Services/Safety
* Financial Accountability
Hi, this is Terri. Let’s continue talking about quality and information management.

As we just reviewed, ODP has developed performance measures for each of its program areas to allow ODP to self-evaluate by tracking and analyzing collected data and information about all major organizational functions over time.

Performance measurement:

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

Compliance with regulations in all of our programs equates with identifying the major functions and processes of the program, setting organizational expectations for the performance of those functions and processes, and then monitoring and evaluating that performance 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 for 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 is viewed as uninterpreted observations, facts or material usually collected as a result of assessment activities, information is seen as 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.
*Variation analysis
*Review of additional data
*Process analysis
*Focused review

Step 5: Take action to improve care and services.
*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.
On the continuum from quality assurance to quality improvement, ODP has developed a “balanced” Quality Management approach using data collected and analyzed related to CMS Waiver Assurances and State Center Focus areas ....
What is meant by ODP’s balanced approach?

ODP defines Quality Assurance, or program compliance with regulations, as a method to identify the major functions and processes of a program, setting organizational expectations for performance of those functions and processes, and then continuously measuring and remediating in order to satisfy statutory requirements associated with administering ODP’s programs.

The process of Quality Improvement is one that allows ODP to continuously study and improve the program’s functions and processes, following specific methodology and monitoring progress through data collection.

And finally…..

Quality Management is a planned, systematic, organization-wide approach to the monitoring, analysis and improvement of organizational performance, thereby continually improving the quality of supports and services provided and the likelihood of desired outcomes for recipients.

In short…..QUALITY ASSURANCE + QUALITY IMPROVEMENT = QUALITY MANAGEMENT.

Let’s review further how these quality management components are incorporated into contemporary service delivery systems…
The “Ten Basic Principles of Quality Management” 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 & Medicaid Services, is 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....
*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;”


*Quality control should focus on the most vital processes;

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

*Total employee involvement is critical;

*New organizational structures can achieve quality improvement and….

*Quality Management employs three basic, closely interrelated activities; Quality Planning, Quality Measurement (Quality Control) and 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.

So…how does ODP routinely incorporate these cyclical quality management activities into the operation of its multiple programs?
CMS describes this quality management cycle for us. CMS describes Quality Management Strategy as a cycle of design, discovery, remediation, and improvement. This cycle is referred to as the DDRI Model.

The Design phase of this model involves building organizational structures and processes to support efforts to prevent the occurrence of poor quality outcomes—to stay on top of our performance and to take steps to ensure we meet expectations ongoing as opposed to reacting to problems or crises as they arise or are identified. 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.
ODP “discovers” or collects its data in a variety of ways.

For instance, ODP has historically used four main data sources to ensure compliance with CMS waiver assurance requirements and ODP standards, policies and procedures:

1. Administrative Entity Oversight Monitoring, or AEOM, is a tool used to monitor whether Administrative Entities are in compliance with all ODP requirements including waiver assurances and administrative functions delegated to them by ODP;
2. Home and Community Services Information System, or HCSIS, is a web-based application that supports DPW (including ODP) by enabling users to enter and retrieve data, information and reports on participants enrolled in its programs;
3. Provider Reimbursement and Operations Management Information System, PROMISe™, is a single system that processes human services claims and manages financial information activities for the Consolidated and Person/Family Directed Support, or P/FDS, Waivers;
4. Independent Monitoring for Quality, or IM4Q, is a structured interview process that helps ODP gather information related to quality of life for individuals with intellectual disabilities.
More recently, ODP’s Community Services also implemented two standardized monitoring processes to collect needed performance data.

ODP’s Provider Monitoring process measures provider compliance with ODP’s identified requirements through data analysis of provider review and response, self-assessment and Administrative Entity onsite reviews.

The Supports Coordination Organization, or SCO, monitoring process tracks compliance with qualifications outlined for Supports Coordination services in the approved waivers and on Supports Coordination requirements identified in ODP Bulletins.
And finally, all of ODP’s program offices collect and organize 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:

ACCESS databases (for example, the Service Reviews Database used by
Community Services to track final orders issued by the Bureau of Hearings and
Appeals and implementation of Service Review findings);

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

Logs (ODP Regional Offices use an exception log that was developed to track and
follow up manually in DocuShare all cases in which it is determined that prompt
action to protect health and safety of individuals was not taken.)
By collecting data from all of 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 individual quality problems when they occur in order to achieve compliance with requirements and to enhance quality overall.
Remediation

- How and to what extent individual problems discovered were fixed (remediated)
- CMS has an expectation that all (i.e., 100%) problems uncovered will be addressed and resolved
- Linked to discovery results/reports
- Includes instances of noncompliance NOT yet remediated & reason

When CMS evaluates the State’s efforts to remediate, CMS looks for evidence that all problems found through the data collection or discovery process will be addressed and resolved 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 the discovery data show that the State is less than 100% compliant with an assurance or subassurance, then CMS expects that through a process of remediation of individual problems identified, compliance of 100% will be reached.
CMS consultants provide a report demonstrating these concepts. In this case, the subassurance under evaluation is the Level of Care subassurance that requires waiver participants to receive an annual redetermination of LOC within 12 months of their last annual LOC determination. The Discovery data show that this hypothetical State achieved 91% compliance. Of a sample of 300 waiver participants, 270 received LOC redeterminations 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, redeterminations of LOC were performed in 25 cases such that the outcome was the participant remained eligible for waiver services. In 5 cases, redeterminations 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 redetermination was not yet carried out due to the holidays. This report also shows the # of redeterminations that were completed 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 occur. As remediation activities are implemented, ODP will 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.
Implementation of improvement strategies is the fourth key component of the Design, Discovery, Remediation and Improvement Model.

Before implementing improvement strategies, ODP routinely studies baseline performance measures in order to determine opportunities for improvement projects that will provide us with proactive ways to remedy problems as they arise and before a crisis develops.

When we identify such opportunities, we will use the Plan-Do-Check-Act Model to implement system improvements.

To ensure that this continuous Plan-Do-Check-Act Model is successfully implemented at each level within its organization, ODP relies on the skills of competent, dedicated leadership staff. Without solid leadership, quality management strategy cannot be effective.
Every manager and supervisor in ODP’s organization is a quality manager, knows how to apply the principles, practices and tools we’ve talked about and....
Can help staff achieve positive 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,

* Providing training and support for ongoing quality planning, quality measurement and quality improvement activities.
So far, we have discussed processes through which ODP plans, implements, and assesses the effectiveness of its Quality Management Strategy. When improvement opportunities are identified, ODP uses an annual QM planning methodology to document and track its progress in accountable ways.

State Centers and AEs have developed Annual QM Plans for a number of years; ODP is now in the process of identifying and distributing ODP’s QM priorities to all stakeholder groups across the system. ODP’s intention is to align the efforts of all involved in working together to achieve improvement in the targeted areas.
Once reviewed and approved, ODP’s Annual QM Plan priorities will identify specific quality assurance and quality improvement projects that will receive attention. These priorities will be adopted by Central and Regional Office staff as well as individuals and families, providers, State Centers and Administrative Entities. ODP will track our progress and evaluate our success during each coming fiscal year.
Finally, on an annual basis, ODP’s Quality Leadership Board will evaluate the success of our Quality Management Strategy and make adjustments as necessary to enhance our performance in each successive year by:

* changing priorities
* using different approaches to ensure progress
* modifying roles and responsibilities of key entities, and
* modifying data sources in order to retrieve the information needed for measurement.
This concludes Part 2 of the overview of the QM Certification Program.

Both Parts 1 and 2 are the first in a series of quality management modules for certification; the series is designed to serve as a resource for leaders in ODP and the service delivery system.

The understanding and application of quality management for ODP and subsequently, Certified Quality Managers, are essential to comply with regulations, assure individual health and safety, and promote the use of positive practices so that choice and control enable individuals to have an Everyday Life.
This concludes this brief presentation on ODP QM Certification Program, Part 2. 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 future lessons in this ODP Orientation series found where you accessed this webcast.