Welcome to the Orientation to the Office of Developmental Programs. This lesson is Part 1 of a two-part webcast focused on Quality Management Planning.

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 Amy Henasey. I am a Quality Management Coordinator for the Bureau of Supports for People with Intellectual Disabilities. My role includes supporting the Community and also the State Centers (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.

I will be presenting the first section of this webcast. Later in the presentation, Diana Ramirez will be narrating.

Diana Ramirez is one of ODP’s Quality Management Coordinators working to support ODP staff and stakeholders to implement quality management across ODP. In this role, she has 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.
Before beginning our session today, let’s briefly recap some of the highlighted information presented in QM Module 102, Parts 1 and 2. In Module 102, we learned about the:

- Importance of data
- Concepts of performance measurement
- Collecting and organizing data
- Analyzing, displaying and reporting data

Understanding and putting to use these concepts and practices are key to implementation of ODP’s Quality Management Strategy.
Our discussion today begins with a review of our training objectives for Module 103, Part 1.

The objectives include:

- Setting QM Priorities and
- Writing Goals and Objectives

Let’s talk first about ODP’s Quality Management Strategy and how—through use of standardized structure and processes—ODP identifies priority areas for systemic quality improvements.
As you may remember from our discussion in training Module 101, ODP’s Quality Management (QM) Strategy was developed as a comprehensive program to include a “balance” of quality assurance and quality improvement components.

Founded on its mission, vision and values, ODP implemented its Quality Management Strategy—using standardized structure and processes—to increase organization-wide recognition and understanding of the need to use objective data and reporting to make management decisions, identify opportunities for systemic quality improvements and evaluate the effectiveness of planned change.
ODP’s Quality Leadership Board (QLB) plays a critical role in developing the standardized structure and processes by setting standards, overseeing program compliance, and determining whether the services being provided are leading to the desired results such as:

- Safeguarding the health and safety of individuals receiving services
- Implementing promising practices and
- Offering the highest quality services that promote choice and control in an individuals’ Everyday Life.
When ODP identifies improvement opportunities, a Quality Management planning methodology is initiated to document and track progress in accountable ways. One way to initiate this methodology is through use of a Quality Management (QM) Plan. A Quality Management Plan:

- Establishes quality assurance and quality improvement activities
- Guides the activities of an organization and establishes the standards for assessing the quality of services throughout its system through the achievement of performance outcomes
- Includes a continuous improvement process, a cycle of assessment, analysis and action for improvement
In order to facilitate the process of QM Plan development, ODP published in the *PA Bulletin* on December 1, 2012 its priorities for all stakeholders for FY 12-13, FY 13-14 and FY 14-15. The QM priorities align with ODP’s high-level QM priorities and vary depending on the role each stakeholder group plays in achieving successful outcomes.
ODP’s priorities for FY 12-13, FY 13-14 and FY 14-15 include:

- Achieving compliance with the quality improvement strategy sections found in Appendices A, B, C, D, G, H and I in the Consolidated and P/FDS Waivers

- Achieving compliance with incident management policies and

- Improving results of Provider and SCO monitoring reviews, and ensuring corrective action plans
ODP priorities…

- Improving participant satisfaction
- Promoting employment
- Evaluating Lifesharing opportunities

- Improving waiver participant satisfaction with service provision through review of Independent Monitoring for Quality (IM4Q) data

- Reviewing and evaluating practices to promote employment and increase the number of individuals with an intellectual disability who are employed and

- Reviewing and evaluating Lifesharing opportunities and promote an increase in the number of individuals with an intellectual disability who live in Lifesharing arrangements
- Reviewing and evaluating practices to reduce and eliminate restraints

- Reviewing and evaluating practices to increase awareness and ensure reduction in individual-to-individual abuse and

- Reviewing and evaluating practices to ensure each individual is supported in the use of an effective communication strategy.
and finally...

- Reviewing and evaluating practices to ensure each individual receives the most inclusive, least restrictive services and supports and

- Diverting individuals from admission to State Centers and State Hospitals

We will discuss later on in our presentation how stakeholder groups consider these priorities, conduct an internal evaluation of their performance and identify specific opportunities for improvements that will be incorporated into a QM Plan.

First, let’s talk about what a QM Plan looks like...
Building a QM Plan involves inclusion of specific criteria. We already discussed some of these criteria in Module 102 but let’s break down our list, one at a time... and then provide some examples.
The following criteria are to be included in a QM Plan document:

- Goals and outcomes
- Target objectives that support each goal
- Performance measures used to evaluate progress in achieving the target objectives
- Data source for each performance measure
- Responsible person for the QM Plan
- Action plans to support the attainment of target objectives
- Frequency of data reporting
A Goal is:
- Related to an organization’s mission, vision, values and quality framework
- Written in broad non-specific general terms and
- The “ideal” to be achieved

For example - *Individuals receiving Intellectual Disability (ID) Services are safe in their home and community.*
An Outcome is a desired result.

In quality management, we can have people outcome, process outcomes or system outcomes.

An example of a People outcome would be: 75% of individuals had a reduction in the number of falls.

An example of a Process outcome would be: 100% of individuals had a fall risk assessment.

An example of a System outcome might be: Falls were reduced by 10%.
A Target Objective states the level of performance an organization desires to achieve within a specified period of time and can be established by considering baseline data and benchmarks.

For example - Incidents of physical restraints will be decreased by 20% by June 30, 2014.
A Baseline is built by tracking an organization’s performance over time, generally at least one year, and provides an objective assessment of current level of performance. A baseline answers the question, “Where are we now?”

For example: Number of restraints for FY 11-12 = 25 restraints.
A Benchmark refers to the best or most desirable performance, whether internal, such as best provider performance, or external, such as best performance of a similar organization or best performance expected by a regulatory body.

A benchmark is used to establish a level of performance the organization strives to achieve through quality management activities. A benchmark answers the question, “Where are we going?”

For example: In the updated quality requirements, CMS incorporates a benchmark >86% for some performance measures.
A performance measure:
- May be a simple number, or count, or a
- Percentage

For example:
- The number of restraints that occurred during a year would be a simple count.
- The number of physical restraints divided by the total number of restraints would be a percentage
A data source... is stored data collected according to specific requirements.

A *data source* is stored data collected according to specific requirements that aim to ensure reliability and validity of the data. Data sources include logs, checklists, a person's chart, formal databases and surveys.

For example: *HCSIS, which is the Home and Community Service Information System*
A responsible person refers to the title of the person in your organization who is ultimately responsible for managing or coordinating the activities that will lead to the achievement of the goal and desired outcome, including the periodic monitoring, analysis and reporting of performance.

For example: Incident Manager
While data are collected and tracked on a more frequent basis, *frequency* as the term is used on the QM Plan refers to the schedule for summarizing and reporting progress toward achieving goals and desired outcomes to an oversight group.

A reporting calendar is often developed and shared within organizations to establish the frequency of reporting for leaders, managers, responsible parties, and staff.

For example: *Quarterly*
Now let’s see what the QM Plan criteria we have talked about so far look like when inserted into a QM Plan template.

As you can see from the diagram, we have identified our goal, outcome, target objective and performance measure with data source, responsible person and frequency of reporting.

The example you are viewing uses a QM Plan template developed by ODP, that Administrative Entities have used in past years. Your organization may use the example QM Plan template or develop one of your own.

If you develop your own template, be sure to incorporate all of the required QM Plan criteria.
AE and ODP’s State Centers have developed Quality Management Plans for a number of years.

AEs are expected to collaborate with ODP in the implementation, monitoring and evaluation of changes designed to achieve system improvements. As part of the collaborative process, in the past AEs were required to submit to the appropriate ODP Regional Office, a copy of the required QM Plan and Quarterly Reports using standardized templates.

While the practice of QM planning and quarterly reporting goes unchanged, ODP determined as of July 1, 2012, that AEs are no longer required to submit written versions of these documents unless requested by ODP.
The State Centers update their QM Plan on a fiscal year basis and work collaboratively toward a unified plan. The Center Quality Oversight Group (CQOG) develops recommendations through considering ODP’s priorities, reviewing local and statewide Center data and performance, and receiving stakeholder input through local meetings held at each of the five State Center facilities.

Performance measures focus on the Centers’ compliance with Department of Health regulations for Intermediate Care Facilities (ICFs/ID) as well as ODP policies and center around goals and objectives chosen to move the system forward. Results obtained as the year progresses enable the Centers to focus QM activities where they provide the best outcome for the individuals served.
In June 2012, ODP published Chapter 51 Regulations in the PA Bulletin. Section 51.25 of these Regulations, relative to Quality Management, requires waiver providers of services for individuals with intellectual disabilities, including Supports Coordination Organizations (SCO), to also develop and implement QM Plans.
Providers, including SCOs, should review Chapter 51 Regulations thoroughly before embarking on the task of QM Plan development.

Section 51.25 (c) (1-6) of these Regulations provides clear direction about areas for consideration when developing a QM Plan that include:

- HCSIS data
- Results from Provider/SCO Monitoring
- Compliance with 42 CFR 441.302 - State assurances
- Incident management data
- Results of satisfaction surveys
- Review of grievances

**CITATION:**
In June 2012, ODP altered the current QM cycle for AEs and providers, including SCOs, from a calendar year to a fiscal year cycle. In addition, updates to QM Plans must occur at least every two years, rather than annually.

ODP Informational Memo #107-12, issued in November 2012 to guide providers, including SCOs, indicates that QM Plans are to be in place by June 30, 2013 with an updated QM Plan due by June 30, 2015.

For FY 11-12, AEs were asked to consider ODP’s QM priorities and examine their current QM Plans to determine if adjustments were needed to transition to the new fiscal year cycle.
Providers, including SCOs, will not be required to submit written versions of their QM Plans and supporting documents to AEs or ODP unless specifically asked to do so. Rather, AEs and ODP will verify completion of QM Plans—that include the required criteria—during routine Provider and SCO Monitoring on-site audits. AEs conducting Provider Monitoring audits and ODP staff conducting SCO Monitoring audits will verify that Provider QM Plans, including all required criteria, have been completed.
Each AE and provider is asked to consider ODP’s list of priorities, review sources of performance data and, through this review, choose opportunities for improvement specific to their agency based on local performance.

So, how does this translate into development of a QM Plan?

Diana will continue the discussion about how stakeholder groups consider ODP priorities, evaluate their performance, and identify opportunities for improvement.
Thank you, Amy.

Well, let’s look at one way a provider would go about choosing opportunities for improvement within its organization after reviewing ODP’s list of priorities and considering local performance.

The provider should first become familiar with performance measures found in the quality improvement strategy sections in Appendices A, B, C, D, G, and I in the Consolidated and P/FDS Waivers, and pay close attention to performance measures that apply specifically to provider organizations.
For example, contained within the quality improvement strategy section for Appendix G, Health and Welfare, is the following performance measure:

Number and percent of critical incidents finalized within the required time frame.

This performance measure pertains directly to provider organizations because ODP requires providers to finalize critical incidents in HCSIS within 30 days.

The provider should examine the organization’s track record when it comes to timely finalization in HCSIS of critical incidents, remediate any outstanding cases of noncompliance and plan an improvement activity if warranted.
Remember, CMS expects that ODP is 100% compliant with each CMS Waiver Assurance and Sub-assurance. When 100% compliance is not achieved, CMS expects that through a process of remediation of individual problems identified, compliance of 100% will be reached.

Likewise, providers and other stakeholders are expected to work collaboratively with ODP by achieving 100% compliance with applicable performance measures found in Appendices A, B, C, D, G and I in the Consolidated and P/FDS Waivers.
In addition to review of Appendices A, B, C, D, G, and I, a provider organization would also review its organization’s level of success in achieving positive outcomes for individuals served in other ODP priority areas such as elimination of restraints, promotion of employment, Lifesharing opportunities and effective communication strategies.

Once the provider has determined in which areas to implement an improvement activity, the provider would maintain documentation, including rationale, about how and why priority areas were selected.

We will discuss how to plan for and implement improvement activities (Action Plans) later on in our presentation.
In the spirit of collaboration, an AE would also follow the same review process just described to determine in which areas to implement an improvement activity.

For example, one of several performance measures found in Appendix G, Health and Welfare, that pertains directly to the performance of AEs is the measure that reads:

*Number and percent of AEs that completed investigations in accordance with ODP standards.*

This performance measure, for which data is collected during routine Administrative Entity Oversight Monitoring (AEOM) reviews, requires that AEs meet specific standards when conducting investigations. During the AEOM process, ODP determines whether an AE is in compliance with these standards and requires remediation in all cases where compliance was not achieved.
AEs not achieving 100% compliance with required investigation standards should strive to improve their performance prior to subsequent AEOM reviews. This may require implementation of an improvement activity.

As with providers, AEs are required to maintain documentation, including rationale, about how priority areas in which they chose to implement improvement activities were selected.
Some of you may be asking whether stakeholders are required to plan for improvement in all identified ODP priority areas.

The answer to this question is NO.

Once again, ODP’s expectation is that AEs and providers review each of the ODP priority areas, consider local data associated with those priority areas and determine which of those priority areas are in most need of improvement.

AEs and providers may also include improvement activities in their QM Plans that address areas, separate from ODP priority areas, considered unique to their organizations.
In other words...

Stakeholders required to complete QM Plans should prioritize areas in which they plan to focus.

Prioritization is necessary to ensure that performance improvement activities are “manageable” and effective in enhancing service delivery for individuals served in our system.

Stakeholders required to complete QM Plans should prioritize areas in which they plan to focus while considering ODP priorities and their own unique needs.

Beginning FY 13-14 AEs are to begin updating their annual plans every 2 years and maintain documentation of the process used to select opportunities for improvement. ODP expects each AE to review sources of performance data, and through this review choose opportunities for improvement specific to their AE based on local performance.

Monitoring to assure AEs maintain this documentation was included in the FY 13-14 AEOM/Cycle 5 (AE Oversight Monitoring) process.
Having considered local data and all possible areas for improvement, providers and AEs would continue the QM planning process by “sharing notes” and implementing teamwork activities that contribute to local and system-wide improvement in alignment with ODP.

Consideration should be given to the role each stakeholder group plays in achieving successful outcomes in identified areas.

To achieve system-wide improvement, ODP recognizes the critical importance of ongoing collaboration and teamwork among ODP, AEs and providers, including SCOs.
ODP expects Lead AEs and their designated providers to work together in the identification of opportunities for improvement and in the subsequent development, implementation, and evaluation of their QM Plans and supporting Action Plans.
ODP also expects AEs and SCOs that support individuals who are registered with each respective AE to collaborate in identifying and achieving QM Plan objectives in which SCOs play a key role.
Now that you have considered ODP’s list of priorities and local performance in identified areas, consulted with other stakeholder groups when choosing opportunities for improvement, and completed a QM Plan document, it’s time to forge ahead with the QM Planning process.

What happens next? We’ll find out in Part 2 of our presentation.
This concludes Part 1 of the ODP Orientation lesson on *Quality Management Planning*.

Both QM 103 Parts 1 and 2 are third in our 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.

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.