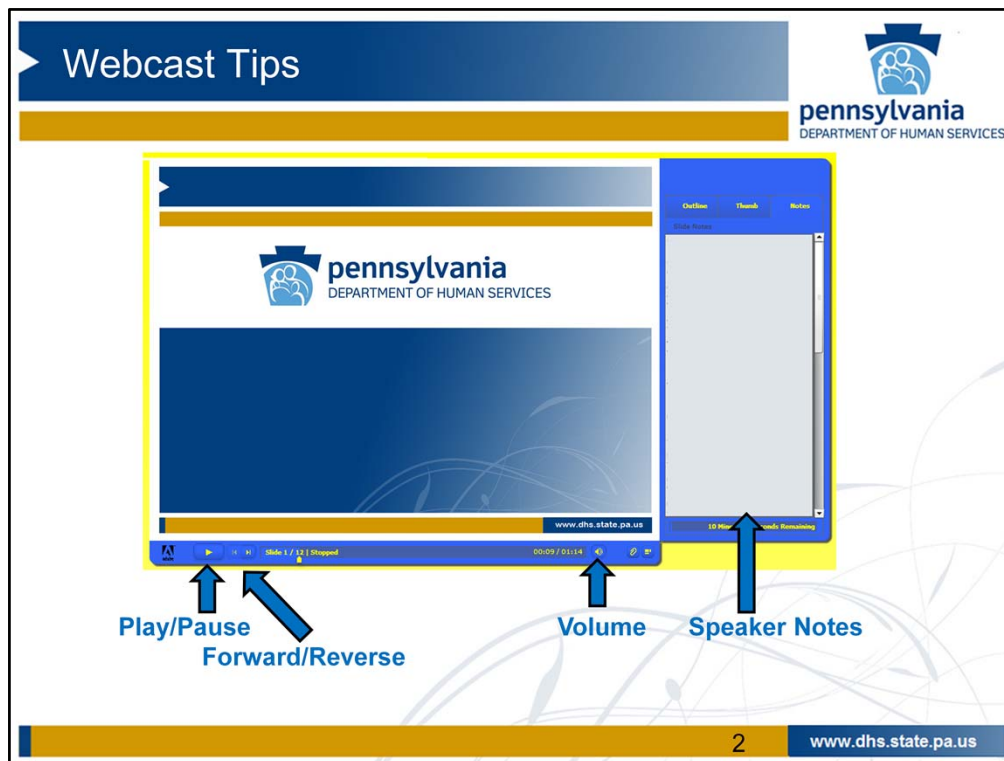


Music intro only.



This webcast includes spoken narration.

To adjust the volume, use the controls at the bottom of the screen. While viewing this webcast, there is a pause and reverse button that can be used throughout the presentation.

The written version of the narration appears to the right of the screen.

Presenters





Ann Ligi
Quality Management Lead
The Office of
Developmental Programs



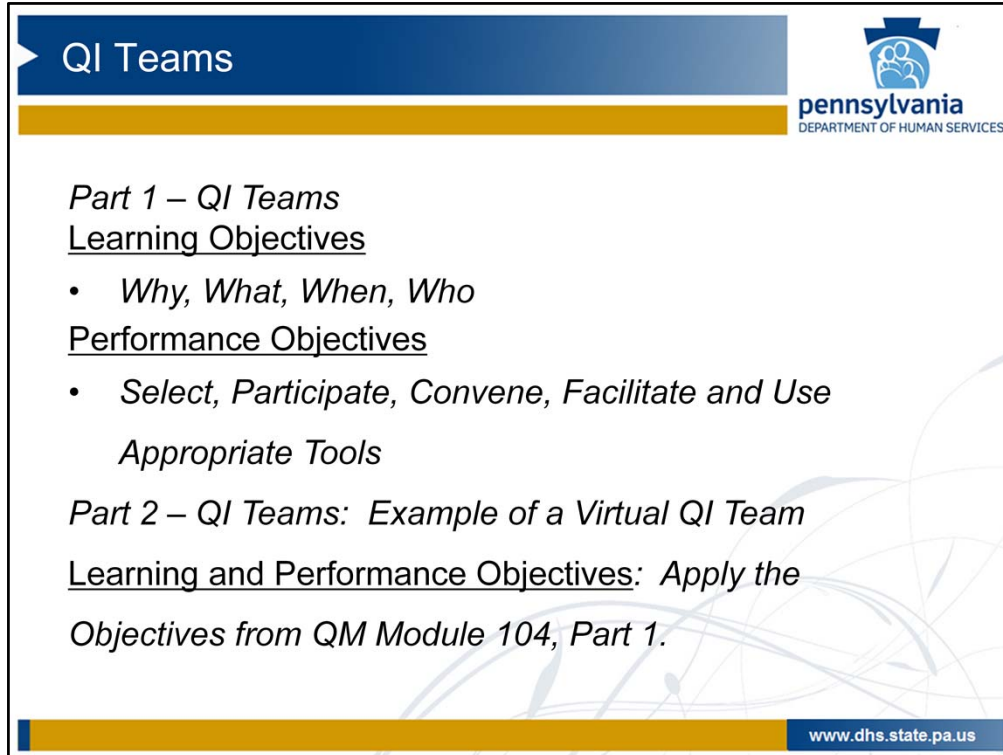
Amy Henasey
Quality Management Coordinator
The Office of
Developmental Programs

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Hello, my name is Ann Ligi. I am a Quality Management Lead for the Office of Developmental Programs (ODP). Welcome to Part 2 of Module 104: QI Teams in the Quality Management Certification course.

Presenting with me is Amy Henasey, a Quality Management Coordinator with ODP.



QI Teams



Part 1 – QI Teams
Learning Objectives

- *Why, What, When, Who*

Performance Objectives

- *Select, Participate, Convene, Facilitate and Use Appropriate Tools*

Part 2 – QI Teams: Example of a Virtual QI Team
Learning and Performance Objectives: Apply the Objectives from QM Module 104, Part 1.

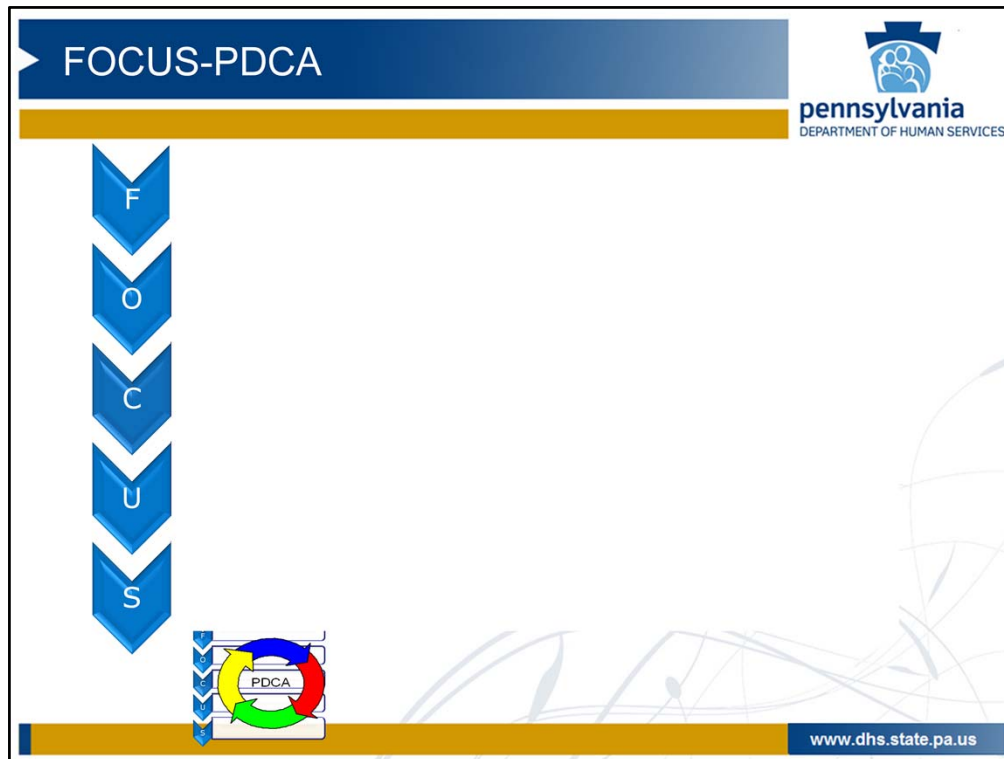
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After you have completed both Parts 1 and 2 of QM Module 104 QI Teams, you will understand why QI Teams are integral to achieving long term, sustainable improvement—and how to facilitate a QI Team.

In QI Teams, Part 1, we covered:

- Why are QI Teams used?
- What is a QI Team and how is it different from other groups?
- Who authorizes convening a QI Team and who comprises the membership of a QI Team?
- When is it time to convene a QI Team?
- What does a QI Team do? and
- What is the role of QM staff in facilitating QI Teams?

In Part 2 of the QI Teams Module we will walk through a virtual QI Team from conceiving the idea to convening a QI Team to reporting the results of the QI Team's activities.



In Part 1 of Module 104 – QI Teams, you will recall that we introduced the FOCUS part of the PDCA model and its importance in understanding the work of QI Teams.

To recap: FOCUS succinctly describes the work of QI teams:

F – find a process to improve

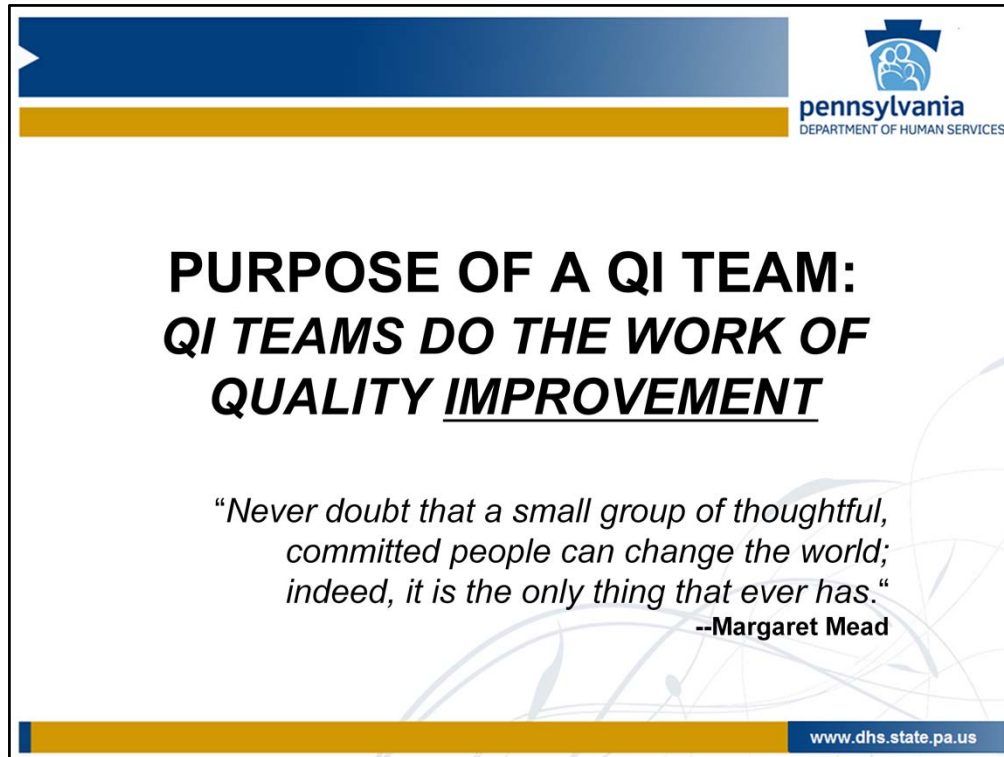
O – organize a team that knows the process

C – clarify what is currently known about the process

U – understand how the process may vary during implementation

S - select a strategy to improve the process

Let's examine how this model is applied to a QI Team.

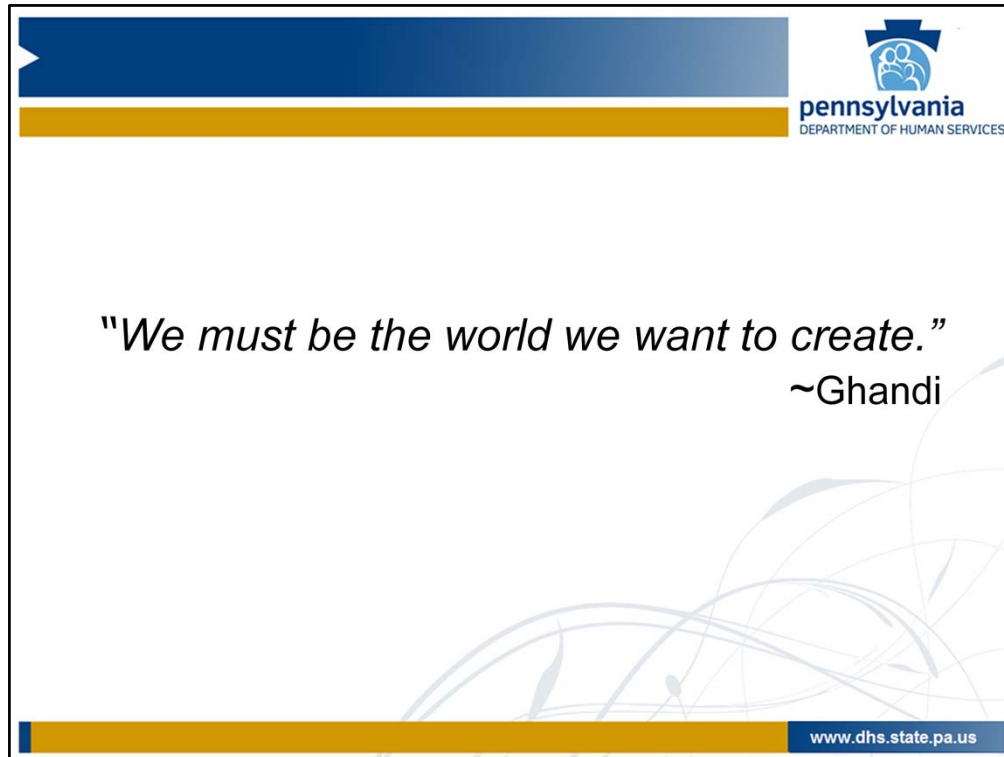


The reason why QI Teams are such a critical component of quality management (QM) is because they do the work of Quality Improvement. QI Teams are a unique group of staff, and sometimes stakeholders, brought together to achieve a specific task by applying the tools and methods used in quality management. QI Teams succeed because they not only use and model quality management practices, but they also demonstrate how a group of staff who are NOT QM subject matter experts (SMEs) can be guided by a QI Facilitator who is a QM subject matter expert. The QI Facilitator guides the QI team to achieve improved outcomes that are sustainable over the long term. Because the QI Facilitator is knowledgeable about organizational design, the QI Facilitator supports the design of processes that are stream-lined, efficient, cost-effective and successful in achieving desired outputs and outcomes.

Let's follow a virtual QI team from its inception to celebrating success.

Citation:

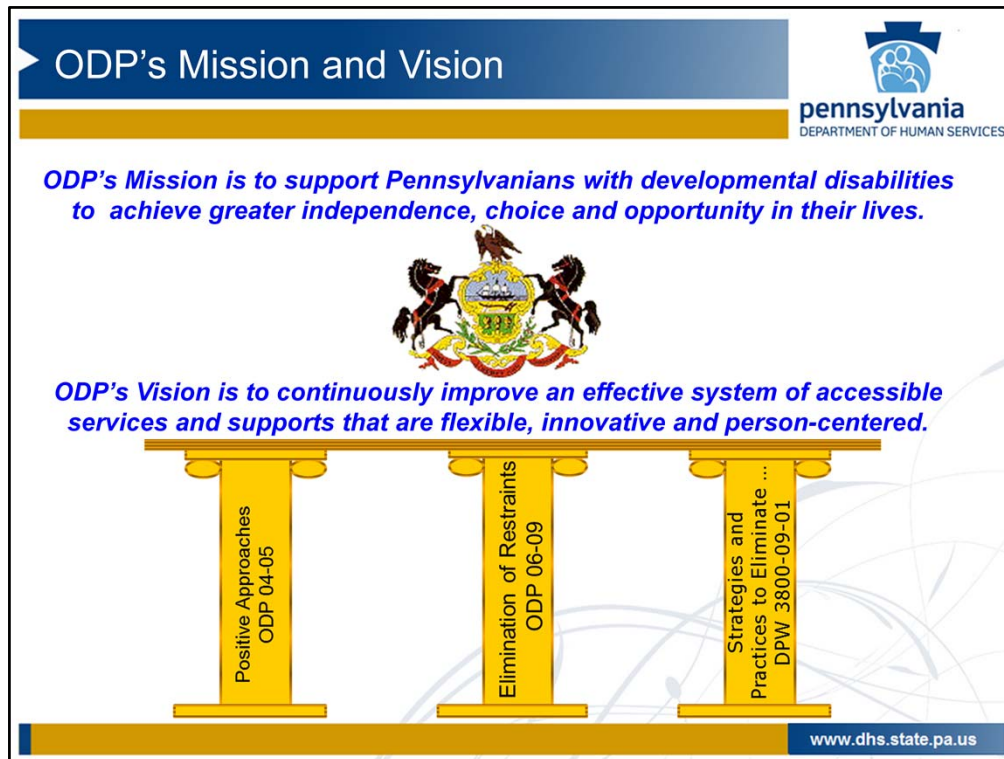
a team effort helps an organization to achieve significant and lasting improvements.
<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html>
Part 1: Quality Improvement (QI) and the Importance of QI



Change is inevitable and it is better to create that change proactively and design it to be the change we want.

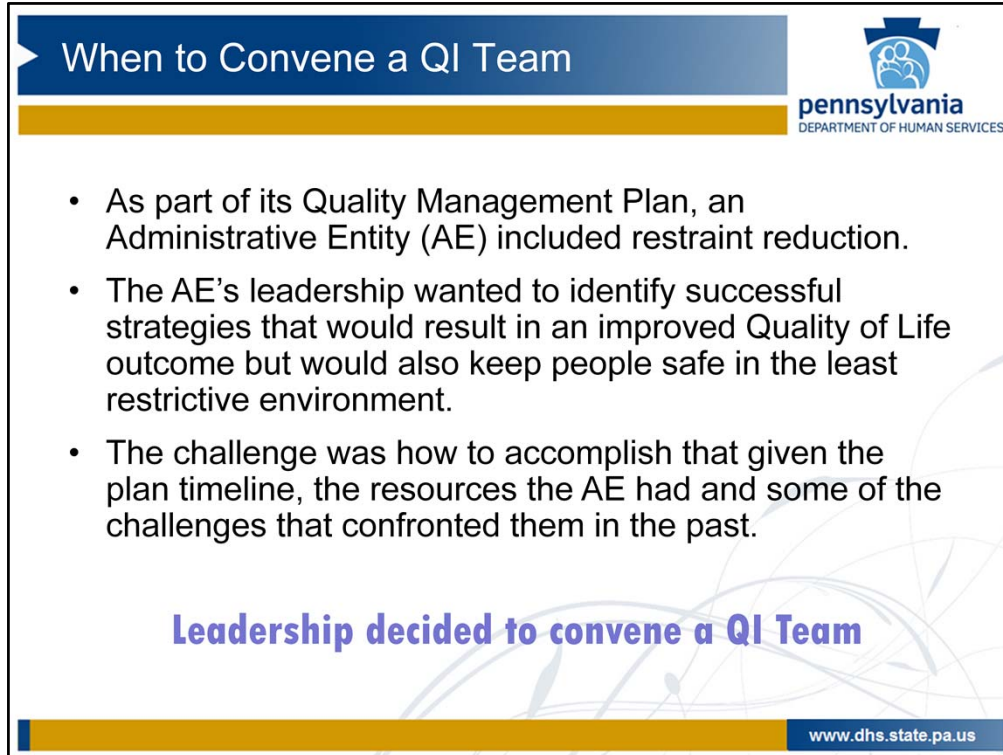
Let's see how QI Teams make that happen.

What follows is just one example of how an organization, in this case an AE, takes action to implement its quality management plan. The QM concepts and methodology illustrated are general practices commonly used by organizations to drive improvement.



In this slide we selected three bulletins to depict as pillars that support achieving ODP's mission and vision.

As part of ODP's Quality Management Strategy and improvement priorities, ODP has taken steps to improve the quality of services impacting outcomes for those it serves. One of those steps has been the Restraint Reduction and Elimination Initiative. We will use this initiative as an example for our virtual QI Team.



When to Convene a QI Team

- As part of its Quality Management Plan, an Administrative Entity (AE) included restraint reduction.
- The AE's leadership wanted to identify successful strategies that would result in an improved Quality of Life outcome but would also keep people safe in the least restrictive environment.
- The challenge was how to accomplish that given the plan timeline, the resources the AE had and some of the challenges that confronted them in the past.

Leadership decided to convene a QI Team


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As you review this slide you can see what the organization's circumstances were and the approach they took to reduce restraints.

The first bullet in this slide links to, the Fiscal Year 13-14 AE Operating Agreement, page 41 which states: "The AE's QM Plan shall be developed to extend for two years from July 1 through June 30."

Provider QM Plans are also two-year plans.

The AE's QM Plan



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Quality Management Plan			
Administrative Entity Name:	Mid-Central Joinder	Year:	15-16
Focus Area: Safeguards		Restrictions	
Goal	Outcome	Target Objective	Performance Measures/Data Source(s)/Frequency/ Responsible Person
People are safe in their home and community	People are free from restraints in their homes and communities.	1) Reduce the # of restraints administered by 20% to 90 by 6/30/20XX FY 13-14 Baseline N = 100 2) Reduce the # of people experiencing restraints by 10% to 43 by 6/30/20XX. FY 13-14 Baseline N = 48	1) Number of restraints per month. 2) # of people experiencing restraints. Data Source: HCSIS Incident/Restrictions Frequency: Monthly Review Reporting frequency: Quarterly Person Responsible: Risk Manager

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The AE's Quality Council approved an improvement plan presented by the AE's Risk Manager. The improvement plan is shown in this slide.

The Risk Manager, in collaboration with the AE's QM Director, used the QM plan template tool. All of the required elements are included in the plan:

- the Quality Framework focus area
- the goal with desired outcome
- a target objective with specific measures
- a baseline
- the data source
- data collection and reporting frequency and
- the responsible person for the objective.

By using the QM plan as their guiding document, the AE communicated clearly to the QI Team what the expectations were, what was to be measured and what the timeframe was.

Selecting QI Team Members



- Risk Manager – QI Team Lead
- AE QM Staff – QI Facilitator
- Administrative Staff – Scribe
- SMEs included community stakeholder groups:
 - Three Supports Coordination Organization representatives
 - Two Health Care Quality Unit (HCQU) Staff
 - Providers

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Since the Risk Manager was responsible for the restraint target objective in the AE's plan, Leadership designated the Risk Manager as the QI Team Lead. The AE's QM staff functioned as the QI Facilitator.

AE Leadership then assigned administrative staff to provide support by assuming the role of Scribe or recorder and assured the QI Team had a space to meet, with access to a computer, flip charts and other items to support their work.

Because Leadership felt the Supports Coordination role was important in the delivery of services, they decided to include members from each of the three Supports Coordination Organizations (SCOs) that served their AE. The QI Team Lead worked with each SCO to identify an appropriate staff person.

It was important to include subject matter experts with experience in behavioral supports so the local HCQU, the Healthcare Quality Unit, to tap their expertise. Each HCQU identified two staff with experience in providing supports and conducting training to community providers on challenging behaviors and supports.

Provider representatives were added to include their perspective of restraint usage.

While this is an example to demonstrate member selection, not all agencies have access to external resources and many times a QI Team is comprised of members drawn from various departments within its own agency.

Selecting QI Team Members - continued

Member Attributes

- Availability of staff
- Ability to commit to ongoing participation
- Diverse perspectives
- Communication skills
- Commitment to quality
- Empowered to act


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Besides selecting team members with relevant experience, other attributes were considered as well before making final decisions about team members. Review these attributes on the slide.

Leadership felt this core group was sufficient to get the team started. If a need arose for additional members, consideration would be given at that time.

Because the agency's QM Staff was facilitating the QI Team, the AE Director designated that person to facilitate communication between the QI Team, and the AE Director and the AE's Executive Staff. In other words, the AE QM Director acting as the QI Facilitator would update the AE's Executive Staff, or Leadership, on an ongoing basis.

Establishing QI Team's Purpose and Goals



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Charter/Purpose Document


- Vision and overarching goal
- Limits to the authority to make decisions
- When to consult Leadership
- How communication will occur with Leadership and when
- Expectations for progress reports

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Fortunately in this example, the QI Team had a purpose document in the form of the AE's QM Plan.

However, where no QM plan already exists, or to support the AE's QM Plan, it is important to document priorities and expectations. Review the bullets on the slide for a short list of items to include in a purpose document. Depending upon the type of entity convening the QI Team, its purpose and resources; there may be other important items to convey to the team. This list is not exhaustive.

Knowledge Check



Executive Staff Leadership designate the QI Team Lead.

True or False?

If you said False, try again.

If you said **TRUE**, you are correct. The purpose for convening the QI Team guides the selection of an appropriate QI Team Lead.

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Let's take a moment to check your knowledge by responding to this True/False Question.

Executive Staff Leadership designate the QI Team Lead.

If you said False, try again.

If you said True you are correct. The purpose for convening the QI Team guides the selection of an appropriate QI Team Lead



Here is an example agenda for the first meeting.

Note that the QI Team now has a name specific to its task: Restraint Reduction. This alerts members of the QI Team to the primary expectation guiding the team's work.

Adding Meeting Objectives to an agenda clearly conveys to the group what they are to accomplish during that meeting. Placing the meeting objectives at the beginning of the agenda, before anything else, conveys to the team – “above all else, this is what we must accomplish today.” It is a good practice that allows for incremental progress.

To set the tone for the work of the QI Team, the AE Director attended the first meeting to kick off the team's work. This is not a requirement but it is recommended for several reasons:

- * It gives team members an opportunity to ask questions and talk with a representative of leadership directly.
- * Having the director of the organization appear, conveys to the team – “the work you are about to begin is important.”
- * But probably most important – it demonstrates buy in from the organization's leadership.



Next, the QI Team Lead provides specific details about the task to be accomplished. The purpose document and/or the QM Plan, if available, are shared with the team. The team's focus now segues to the QI Facilitator's QI Team Orientation.

This is a critical point for the work of the team. During the "Forming" stage, the foundation for quality management practices must be laid in order for the QI Team to function as a QI Team and not just another workgroup.

The QI Facilitator orients team members to what a QI Team is, what it does, how it differs from other groups, and its use of quality management practices to do its work. The Roles and Responsibilities tool is used to explain the responsibilities of team members.

The QI Facilitator reviews the role and responsibilities of the Facilitator, the Lead and the Members. Throughout the time the QI Team spends together, the QI Facilitator will model QM practices, support the group in a neutral and objective manner, at times play devil's advocate and guide the QI Team members as to how and when to apply QM practices and tools.



The team begins its work with a QM activity – Brainstorming. This gives the QI Facilitator an opportunity to model how the QI Team is different from other groups and gives team members an opportunity to experience applying quality management practices to its work.

Brainstorming is used to develop the team's ground rules. Because the ground rules are from the team, by the team and for the team, this initial activity supports getting buy in from team members and provides another opportunity to illustrate how the practice of quality management guides the work to be done.



Moving on in the agenda, *Next Steps* can be utilized in two ways:

First, adding *Next Steps* to an agenda allows for continuity from one meeting to the next and can facilitate the timely completion of work activities.

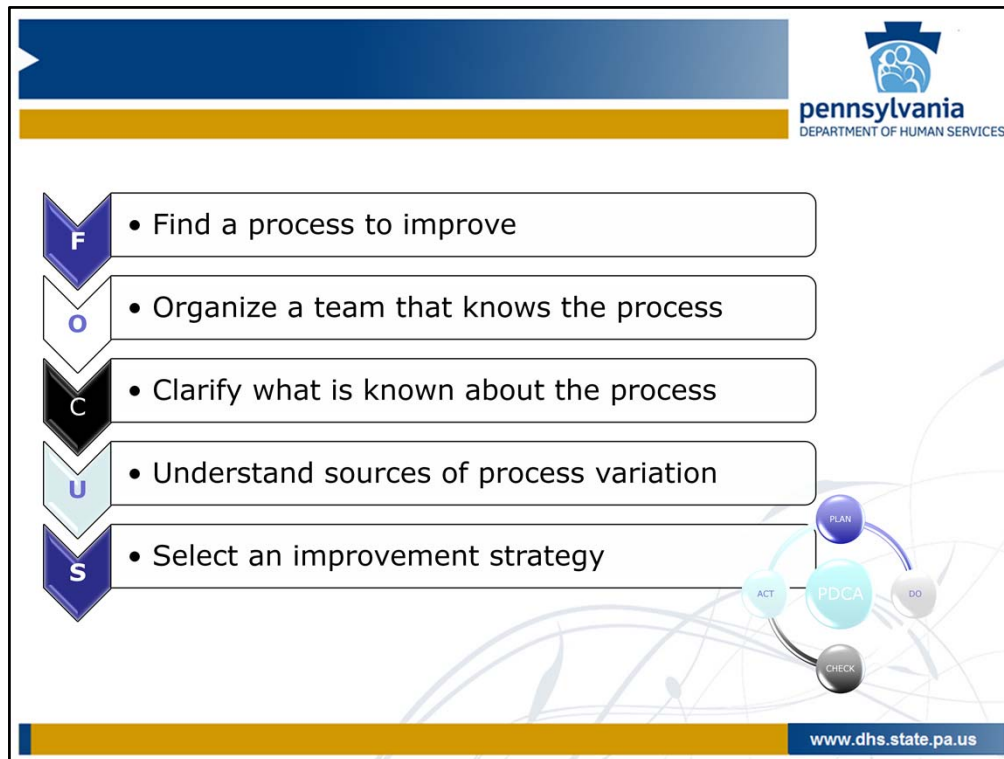
At the end of each meeting *Next Steps* allow time to be taken to recap the work completed that day. For example, were the Meeting Objectives met?

Next Steps helps identify what needs to be done in preparation for the next meeting and who will complete it; and determine what will be covered during the next meeting

Next Steps, as part of the wrap-up, occurs at every meeting and is part of the standing agenda.

Second, *Next Steps* can also refer to the QM model being used. The QI Facilitator introduces the FOCUS-PDCA model. Most staff are not familiar with the FOCUS part of this model so it is important to take the time to go over each step and illustrate which of the QI team's activities represent which step in the FOCUS model.

The QI Facilitator will point out to the group which step in the FOCUS-PDCA model the team is engaged in.

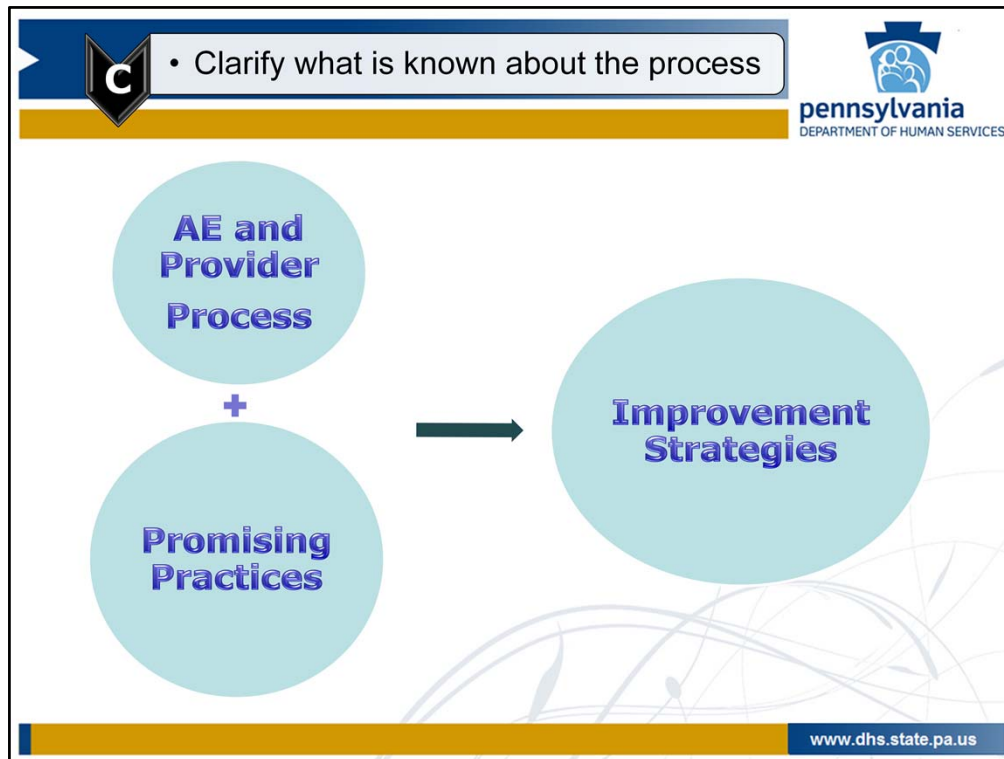


In our example, these are some of the FOCUS-PDCA steps that have already taken place.

F – FOCUS – Find a process to improve. In this case the AE’s leadership decided it would be the person-centered planning process with an emphasis on person-centered positive behavioral supports resulting in restraint reduction and elimination.

O – Organize – Organize a team that knows the process. The AE Director with the AE’s executive staff convened a QI Team. Each team member was specifically identified based on his/her attributes.


C – Clarify – Clarify current knowledge of the process. This would be the next logical step in the work of the QI Team. C is where the Next Steps will begin.




To clarify what is known about the process, the QI Team needs to take a two-pronged approach to their task.

First, in order to develop the improvement activities, the QI Team needs to have a thorough understanding of the processes currently being utilized at both the AE and the provider levels.



Second, they also need to take a much broader approach to discover successes associated with practices being utilized elsewhere such as other AEs, or even other state programs.



- Clarify what is known about the process



1. What is the process design?
2. What information was distributed?
3. What training, resources and supports were provided?
4. How is it being implemented?
-Were there any variations or barriers?
5. What were the outcomes?

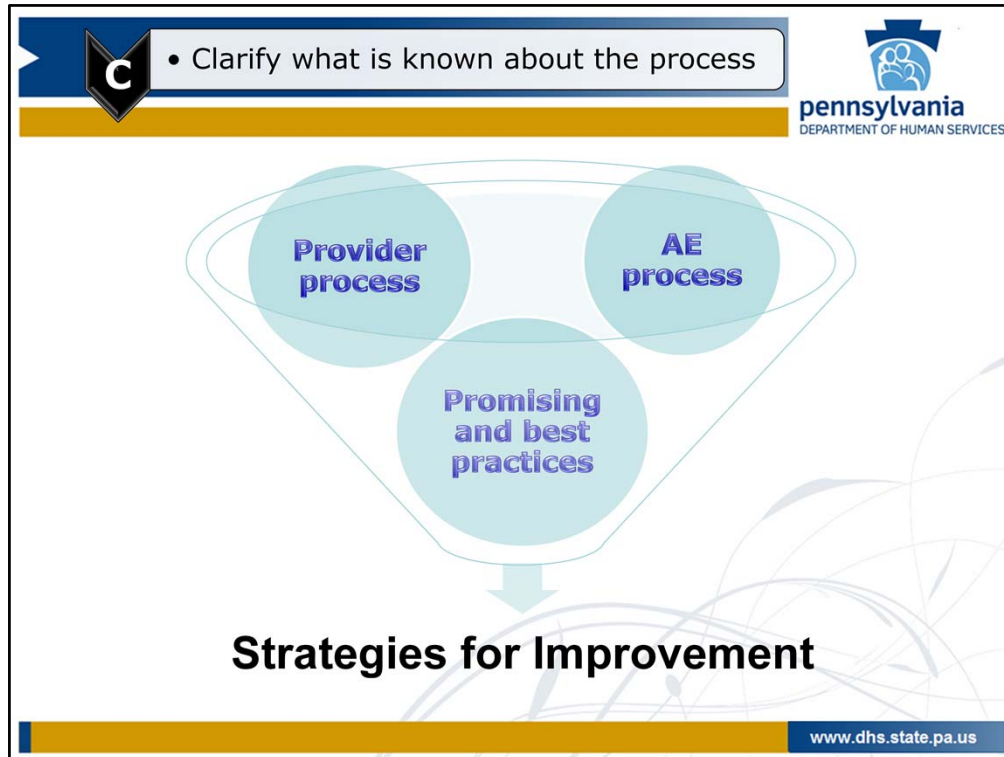


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In order to learn about the processes, members will apply each of the questions noted on the slide; and any others they identified. When examining how to achieve a specific outcome, for example, there will always be questions about the process. Steps in the process need to be specified, as well as who completes the process step, when and how and what is the expected result.

In our example, the virtual team begins examining the AE and Provider processes to clarify what is known about the person-centered planning process.

Another process they are interested in learning more about is how, at the Provider level, the person's team responds when a restraint occurs.



Each member will contribute information based on their own perspective or experience. For example, the HCQU representatives will provide information based on the work of the HCQUs. The SCO representatives will complete the same work based on the responsibilities of the SC; and so on.


Each member also volunteers to research various sources for best and promising practices. For example, one member will research the NASDDDS website, NASDDDS website; and another will research academia; another will research peer-reviewed journals.

This information on promising and best practices and what is known about current AE and provider processes is distributed in order to apply the broad-based questions as a guide.


By examining the AE and Provider processes, the team will identify which existing process steps need to be strengthened, modified or even eliminated.

Examining the promising and best practices, educates the team members about recent developments and what has been demonstrated to be successful.

Completing this exercise provides the team with the foundation needed to identify the improvement strategies needed to achieve restraint reduction.



- Understand sources of process variation



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Using the broad-based questions, the team will engage in a discussion to clarify what they have learned.

The team must come to consensus in that they understand the information in the same way. This could potentially lead to Storming: - members may strongly disagree which may lead to polarization.

The QI Facilitator needs to be prepared to address the points of contention. This can be handled in a variety of ways depending upon what is being presented. It may be time for a break, or time to pull out a QM tool.

QI Team facilitation will be covered in Module 105 in more detail.



The slide is titled "Best and Promising Practices" and is part of a presentation from the Pennsylvania Department of Human Services. It features a blue header with a white "S" icon and the text "Select an improvement strategy". The main content area is white with a blue border. It lists four practices: "Trauma-informed care", "Rapid response teams/crisis response teams", "Screening for a history of abuse: physical, sexual and verbal", and "Biographical timeline". To the right of the list is a magnifying glass graphic with the text "Evidence Based Practice" and "SPOTLIGHT". The bottom of the slide has a blue footer with the website "www.dhs.state.pa.us".

• Select an improvement strategy

Best and Promising Practices

- Trauma-informed care
- Rapid response teams/crisis response teams
- Screening for a history of abuse: physical, sexual and verbal
- Biographical timeline

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The same exercise the QI Team engaged in to clarify what is known about the process to be improved is utilized to identify best and promising practices. This slide depicts some of the practices the QI Team discovered during their research.

During the course of the QI Team's work, they had been identifying and learning about various strategies, practices and policies that have been utilized by other organizations or state programs; and best practices recommended by subject matter experts in the field, Centers for Medicare and Medicaid Services - Home and Community Based Services, or published in professional peer-reviewed journals. They have looked beyond the fields of intellectual disability, autism and mental health by including such professions as public health, social work, healthcare, and information technology.



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• Select an improvement strategy

The Improvement Strategy - Criteria for Selection


- Person-centered
- Cost-effective
- Adaptable to various environments
- Engages self-advocates
- Demonstrable and sustainable long-term success
- Gains buy in from both Providers and Direct Support Professionals
- Supports culture change
- Sustains through times of transition
- Cross-functional and multi-disciplinary

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The QI Team wanted the selected strategies to meet certain conditions to be considered for piloting. Whatever strategies they selected, they had to support the ODP mission and vision and reflect ODP's values. Through brainstorming and using other quality management tools, the QI Team created a list of criteria to help guide their selection.

Based on the descriptions of the models and practices, they used their selection criteria when asking the question, "What can be enhanced or utilized?"

The QI Team in collaborative discussion, identified which components of the various models they looked at to include in the strategy they thought would return the results they were looking for. The QI Team would develop the plan for the improvement strategy and plan to test those strategies through a pilot.



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• Select an improvement strategy

The Improvement Strategy PILOT


PURPOSE – Identify what works

WHO – Providers

SUCCESS – Define what it looks like

MEASURES – Collect data to evaluate

IDENTIFY – Keys to successful implementation of the pilot



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In order to conduct a pilot, the virtual team selects several providers and then work closely with them to implement the pilot consistently.

The pilot allows the QI Team an opportunity to test their ideas, learn from the results and make any modifications before implementing it fully.

The QI Team develops tools to conduct and evaluate the pilot results. These include a data collection tool; and a training package for the pilot providers and their staff.

The primary purpose of the pilot would be to learn if the improvement strategies had a positive impact. They use the two measures from the AE's QM Plan as quantitative indicators to evaluate the results.

They also considered what was necessary to assure successfully implementing the pilot. They specified the details for how the pilot would be conducted.

As the work of the QI Team progresses, the Action Plan is updated on an ongoing basis and is used to document activities and outputs.

I will now turn the presentation over to Amy Henasey who will complete Part 2.



Thank you Ann.

Before the QI Team can put their plan into action, they must present their recommendations to the AE Director and Executive Staff for the go ahead. AE Leadership will make the final determination whether or not to implement the recommendations presented by the QI Team.

As a group, they reviewed their recommendations and finalized their recommended improvement strategy.

The QI Team was on the threshold of Norming and were beginning to function efficiently. But before they could move fully into the Performing stage, they had one last hurdle which was to get buy in from the AE Leadership.



The slide features a blue header with the Pennsylvania Department of Human Services logo. Below the header, a yellow bar separates it from the main content. The main content area has a white background. On the left, a circular PDCA (Plan-Do-Check-Act) cycle icon is shown. To its right, the title 'Presenting the Plan' is written in bold, followed by a star icon and 'QI Team Solidarity'. Below this, the section 'AE Quality Meeting' is introduced. A list of bullet points follows, detailing the presentation process. To the right of the text, a 3D illustration shows several colorful human figures standing around a central point, each with a speech bubble saying 'YES!'. At the bottom of the slide, a yellow bar contains the website address 'www.dhs.state.pa.us'.

Presenting the Plan
★ QI Team Solidarity

AE Quality Meeting

- ❖ QI Team members present:
 - Improvement Strategy
 - Pilot Details
- ❖ All QI Team members attend
 - Demonstrate support for plan
 - Available to answer questions; explain strategy
 - Hear discussion first hand

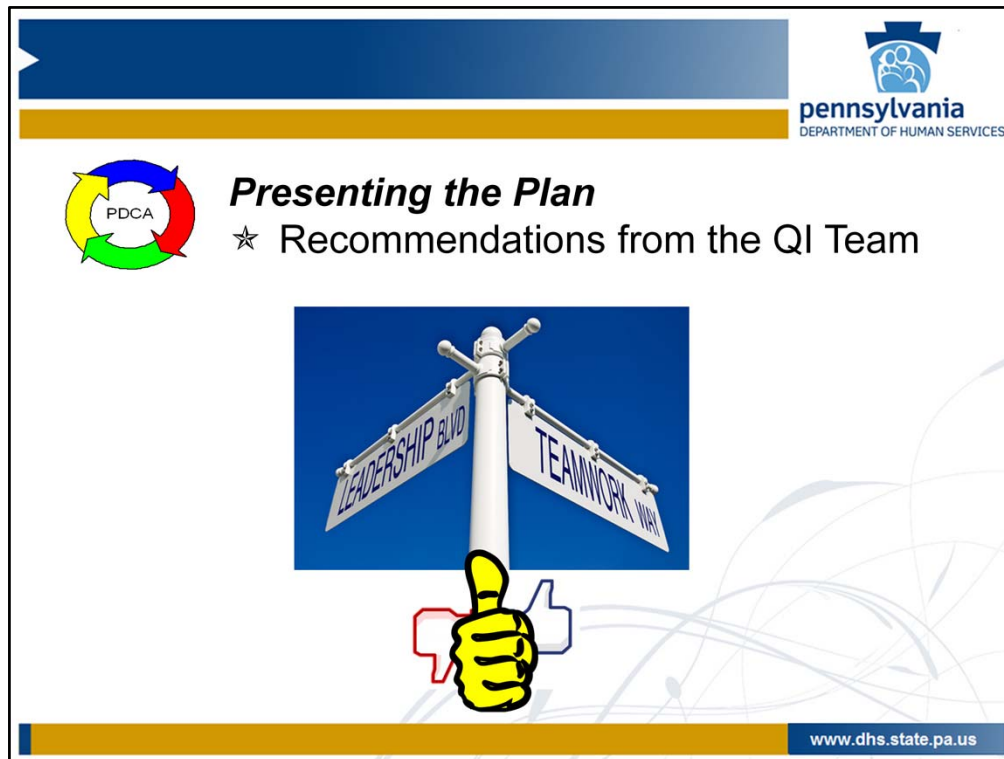
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The QI Team scheduled to present their strategy at the next meeting of the AE's quality oversight group. They presented their rationale for their recommendations and explained the process they went through to arrive at them. This included a high level description of how they would conduct the pilot.

In order to convey to the AE Leadership group that the QI Team solidly backed what they were presenting, different members of the QI Team, both internal AE staff and the external stakeholder members, participated in the presentation.

Several things were accomplished by all the members being in attendance including the following:

- The QI Team conveyed they solidly backed their proposal;
- Should questions come from the AE leadership group about a specific detail of the strategy, all QI Team members representing different perspectives and areas of expertise were there to answer questions directly; and
- Everyone on the team heard the same information and feedback from the AE quality oversight group at the same time.




After the presentation by the QI Team, there was a general discussion which resulted in the QI Team being given the go ahead to proceed.

This does NOT always happen. Sometimes the QI Team is asked to make revisions. This may require the QI Team Lead and the QI Team Facilitator to return to AE Leadership for approval of the revisions.

Communication must flow about their work between the QI Team, AE Director and the AE's Leadership.

Knowledge Check



The QM improvement model that ODP has adopted in its QMS is:

- A. PDCA
- B. PDSA
- C. TQM
- D. CQI

If you said A,
you are **correct!!**

If you selected another response,
review Module 101, part 2.

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It's time for another knowledge check. From this list of multiple choice options, select the correct response to end this sentence.

The QM improvement model that ODP has adopted in its QMS is:

If you said A, you are correct.

If you selected another response, review Module 101, Part 2.



With the go ahead from the AE's Director and Executive Staff, the QI Facilitator begins to guide the QI Team through the PDCA process: Plan Do Check Act.


The Plan part of the cycle is the strategy that is being tested to determine if it is successful in supporting the achievement of the target objective in the AE's annual QM Plan.

You will recall that the QM Plan target objectives state:

- #1: Reduce the # of restraints reported by 20% to 90 and
- #2: Reduce the # of people experiencing restraints by 10% to 43.

The timeframe to achieve the target objectives is specified in the QM plan.

The QM Plan and the QI Action Plan



QM Plan	Improvement strategy (QI Action Plan) to reduce the frequency of restraints
<ul style="list-style-type: none">• Uses the QM Plan template• Contains multiple focus areas• Contains SMART objectives:<ul style="list-style-type: none">– Specific– Measurable– Attainable– Realistic– Time oriented• Example: <i>Reduce the # of restraints by X% to # by XX/XX/XXXX.</i>• Contents do not change until next QM Plan	<ul style="list-style-type: none">• Uses the Action Plan template• Contains action steps• Who will do what when and• How it will be done• Example action: <i>Train staff on the Sanctuary Model</i>• Modified according to what is learned on an ongoing and as needed basis

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The QI Facilitator assures QI Team members are familiar with the QM Plan process.

The improvement plan, or set of strategies, that is being implemented is what the QI Team has concluded is most likely going to result in success.

This improvement plan is the Action Plan which documents what will be done to achieve the objectives in the QM Plan – it is a living, working document that is subject to ongoing change, as needed, to meet the needs of the team and its work. This is in contrast to the objectives in the QM Plan, that once finalized are subject to revision when the QM Plan is renewed. At that time, what has been learned over time will be integrated into developing the next QM Plan.

Comparing the QM Plan template to the Action Plan template makes the differences clear. These together with the supporting documents illustrate how the project evolved over time.

Knowledge Check



QM Planning involves establishing objectives and developing an Action Plan to meet those objectives.

True or False

If you said False, try again.

If you said **TRUE**, you are correct.

Objectives and a plan to meet those objectives are two essential elements of a successful QI project.

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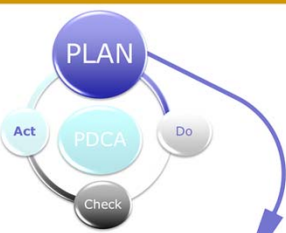
Here's the last knowledge check for this course.

Again, choose whether this statement is True or False.

QM Planning involves establishing objectives and developing an Action Plan to meet those objectives.

If you said False, try again.

If you said True, you are correct. Objectives and a plan to meet those objectives are two essential elements of a successful QI project.



The diagram shows the PDCA cycle with four stages: PLAN (top, purple), DO (right, grey), CHECK (bottom, grey), and ACT (left, grey). Arrows indicate a clockwise flow from PLAN to DO, DO to CHECK, CHECK to ACT, and ACT back to PLAN. A large blue arrow points from the PLAN stage towards the table below.

Specifically detail the improvement strategy!!

Activity	Responsible Person	Target Date	Status	Completion Date
5. Develop improvement strategy plan	QI Team	9-2014		
a. Identify strategies to be implemented			Undergoing team review	
b. Select participants for pilot			In process	
c. Create data collection tools			In process	
d. Develop pilot strategy /guidance for pilot				
e. Review all and finalize preparation				

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The Action Plan includes specific details as to what will be done, by whom and when.

The improvement strategy that the team developed includes what will be implemented, roles and responsibilities and timelines for completion.

Steps within an Action Plan sometimes require a sub-process in order to fully develop an Action Plan Step. Our example includes two sub-processes:

- * The Pilot description step which is the communication and training component to manage the pilot; and;
- * The data collection description includes operational definitions and details about what needs to be collected, when and at what level to support the accurate interpretation of the data findings.

The comprehensiveness of the content of this information can mean the difference between success or failure when launching a project.

Applying PDCA to the selected improvement strategies will help identify what works.



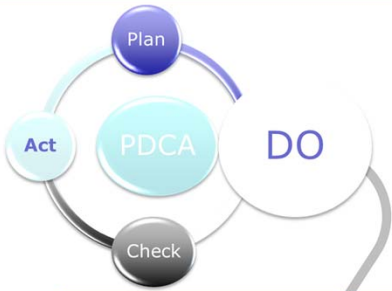
What does success look like in this example?

Refer to the AE's QM Plan – the Goal states, “People are safe in their home and community”; and the Outcome states, “People are free from restraints in their homes and communities”. Clearly, what is driving this improvement activity is a People Outcome; and the QI Team is using the two restraint measures from the QM Plan as indicators.

Besides seeing a reduction in the restraint indicators, they anticipated that the behavior support plans would become more person-centered.

To evaluate these more subjective, qualitative outcomes, the QI Team also operationally defined “person-centered” and established specific criteria indicative of person-centeredness to look for in the behavior support plans.

To determine if the restraint reduction results were sustainable over time, they would follow up at 3 month, 6 month and 12 month intervals after the end of the pilot period.



Monitor implementation for accuracy and consistency!!

Activity	Responsible Person	Target Date	Status	Completion Date
5. Develop improvement strategy plan	QI Team	9-2014		
a. Identify strategies to be implemented			Undergoing team review	
b. Select participants for pilot			In process	
c. Create data collection tools			In process	
d. Develop directions/guidance for pilot				
e. Review all and finalize preparation				
6. Pilot strategies	Pilot participants with QI Team liaisons	10-2014 to 3-2015		

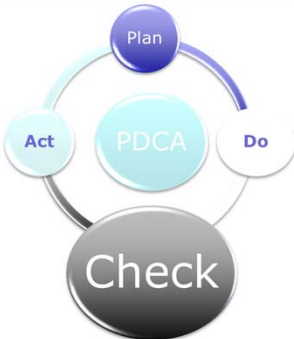
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Now let's fast forward – the QI Team is in the Performing stage. Don't be misled in thinking that all of the hurdles or challenges are behind them. When developing an improvement plan or a strategy, not all things can be anticipated or planned for. This is one of the reasons why a pilot is conducted.

During this DO step, QI Team members closely monitored the implementation of the improvement strategy for the first four to eight weeks to assure accuracy and consistency in implementation.

Any issues associated with the implementation will surface during this time and the QI Team has the opportunity to address them before they become embedded in the process.

When a new process or strategy is first being implemented, this is the time to assure the DO step is correct because of its impact on overall success.



**Organize the data
and analyze!!**

- ✓ Review the process measures.
- ✓ Review the people outcomes measures.
- ASK, “Is the data moving in the direction desired??”

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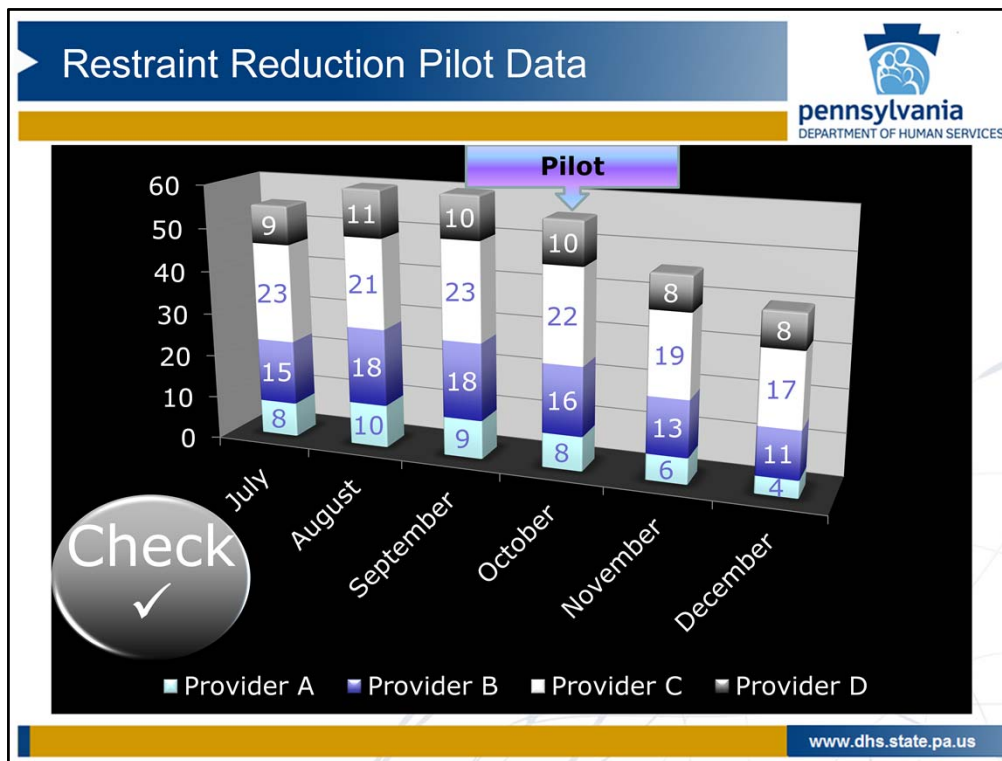
The slide features a PDCA cycle diagram with four colored circles: Plan (purple), Do (light blue), Check (dark grey), and Act (light blue). The text 'Organize the data and analyze!!' is prominently displayed in bold black font. Below the diagram, there are three bullet points with checkmarks and an arrow, followed by the website address 'www.dhs.state.pa.us' in a blue box at the bottom right.

The QI Team assures that any issues were worked out and the implementation is going smoothly.

After the first month of implementation, data that has been collected is reviewed. This is the CHECK step in PDCA.

Data are organized for analysis and reviewed monthly. Because this is only the first month after the improvement strategy was implemented, the findings may not reveal very much.

The QI Facilitator illustrates how the data is to be graphically displayed and the type of graph used to display the data. See the example graph on the next slide.



This slide shows the chart the QI Facilitator created for the QI Team. By the time the pilot was started, the AE was well into the fiscal year so the AE actually has data beginning from July of that fiscal year. October is annotated to reflect the beginning of the pilot. For illustration purposes not all of the chart labels are included.

This type of chart is a stacked bar run chart. In our example, this stacked bar chart shows what each pilot provider contributed to the total n , or number, of restraints for that month.

A run chart displays data for each point in time and demonstrates variation over time. The timeframe in this example is monthly, but could also be displayed in years, or 5 or 10 year increments.

OPTIONS:

⇒ Continue with the improvement strategy as originally designed and implemented;
OR
⇒ Modify the improvement strategy

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The QI Team, upon reviewing the data, considers what to do during the ACT step. Here are some questions they consider:

- * Do the quantitative and qualitative data reflect what the QI Team anticipated?
- * What have they learned to date?
- * Should they redesign the improvement strategy; or make minor modifications?

After looking at the chart in the previous slide, what do you think they should do?

If you said, continue with the improvement strategy, that is a good choice. The improvement strategy needs time to be implemented and time to show results.


Although it may be tempting to draw conclusions about success, more than two data points are necessary to determine if there is a trend. Each month the QI Team will apply the CHECK step; and make a determination as to whether to ACT and what that action should be.

Note that the team monitors data from all levels of the system not just the data from the Providers in the pilot. This helps to determine the impact of the improvement strategy.

Each month they go through the DO, CHECK and ACT steps; and update the Action Plan so it remains current and can be used as a progress report for AE leadership.

QI Team Next Steps

- Compile findings
- Report to Leadership
 - Data Analysis
 - Results and Findings
 - What worked well; what didn't
 - Lessons Learned
- Make recommendations
- Follow through



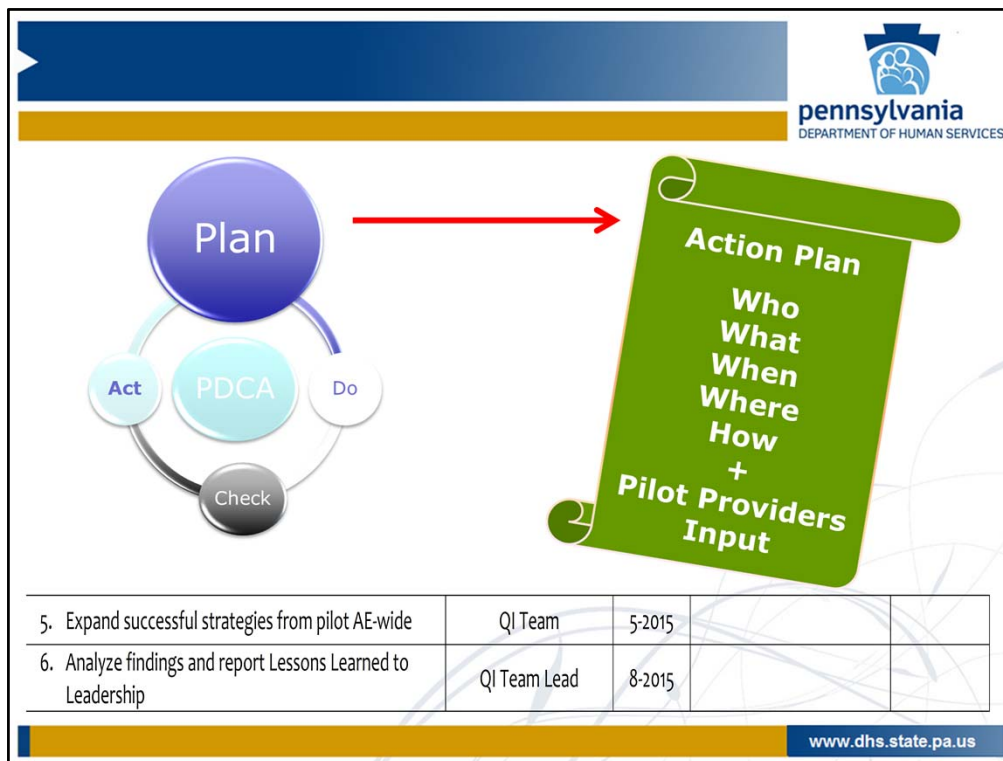
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The QI Team compiled their findings and presented their conclusions and recommendations to the AE's Leadership.

The timeline for implementation in our example was ambitious as well as when the QI Team expected to see the impact of the improvement strategy. Some activities took longer than anticipated to put in place. This is not uncommon. The QI Team acknowledged this to leadership. The preliminary findings were positive; however, they were hesitant to draw premature conclusions about the success of their improvement strategy.

Leadership considered their input and gave the go-ahead for the QI Team to expand the improvement strategy to all of the providers within the AE. Leadership concluded they also did not have enough information to make a data-driven decision but the results to date were promising. The AE reasoned they would learn more when it was expanded to all of the Providers.

With Leadership's approval, the QI Team took steps to begin expanding the improvement strategy across the AE.



Leadership gave the Restraint QI Team direction to remain convened and report back to Leadership on a quarterly basis for the next fiscal year.


With that feedback, the QI Team Lead decided it would be appropriate to invite staff representing the Providers in the initial pilot to a meeting with QI Team members to discuss their experiences.

Their input was critical to successfully implementing the improvement strategy across the AE. The Action Plan was updated and the input was incorporated into the orientation and training necessary for other AE providers.

The group had now been working together for quite some time and had addressed the challenges of becoming a highly functioning QI Team. They had reached the Performing stage.

The QI Team and the pilot staff learned first hand how integrating quality management into their routine work tasks benefits the system with improved outcomes.

Fast Forward...
The Restraint QI Team a Year Later


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- Success is recognized
- QM is more widely integrated
- Other QI Teams are convened
- Policies are modified and updated
- Staff trained
- The AE continuously and incrementally realizes sustainable improvement by utilizing QM

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The strategy that was successful during the pilot was implemented across all the AE's providers. The QI Team remained convened to monitor the integration and provide support.

Embedding successful strategies into policy and procedure and training helps to sustain the improved outcomes initially observed.


After the pilot, monitoring becomes a routine work activity by individual providers including SCOs and the AE.

During data analysis, it was discovered that other incident categories such as Law Enforcement/Crisis Intervention, Emergency Room Visits – Behavior as well as Individual to Individual Abuse also decreased during the time of the restraint pilot.

This information was shared with Leadership who directed the Restraint QI Team to remain convened to explore this observation in more depth. The QI Team approached this new challenge utilizing the QM practices and tools illustrated in this module.

Hypothetical Virtual Team

- Example of the “ideal”
- System and process design improvement
- Critical success factors:
 - Integrate QM methodology
 - Share *Lessons Learned*; adapt to local needs
 - Celebrate success
- Benefits
 - Accomplish ***internally***-driven change
 - Positive impact on work culture
 - Sustainable long term improvement



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This slide summarizes keys to success and the benefits of using QM methods and QI Teams.

In reality, reducing restraints and the number of people experiencing restraints, achieving culture change and embedding best practices in policies and procedure are more complicated than depicted in this virtual team example.


The focus here was to illustrate how QI teams operate and the utility of QM tools and methodology, related outputs and outcomes. The QI Team process has enhanced potential for success in addressing the following:

- variation in system and process design;
- implementation flaws or breakdowns; and
- challenges encountered in the human services field.


Experienced QM staff support program staff to navigate sources of variation and find ways to incorporate “Lessons Learned” into programmatic design that results in sustainable improvement.

More in-depth review of QM tools and methods from this virtual team example will be provided in the face-to-face QM certification module.

QI Team Methodology: SUMMARY




- Developing the QM Plan
 - Selecting measures
 - Establishing data collection
- Developing the Action Plan
 - Updating and documenting progress
- Implementing PDCA
 - Critical thinking questions specific to the PDCA phase



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In review, these are steps the virtual QI Team took which were originally presented in greater detail in QM Modules 101 through 103.

SUMMARY:
QM Tools Used by This Virtual QI Team



- QI Team
- QM Plan/Purpose document
- Restraint incident data
- QI Team Agenda with Meeting Objectives
- Ground Rules
- QI Team Roles and Responsibilities
- Next Steps
- FOCUS-PDCA
- Action Plan
- Flowchart
- Data reports of analyses, findings and recommendations
- Pilot
- Critical thinking questions
- Stacked bar chart
- Annotated chart
- Lessons Learned
- Monitoring
 - DDRI

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Now review the list on the slide to see the QM tools this virtual QI Team used.

Were you surprised to see some items in this list referred to as QM tools? Which ones?

Oftentimes, knowing when to use a particular tool or introduce a specific type of activity enables a QI Team to work through the Forming, Storming, Norming and Performing phases of QI Team development as they work to achieve continuous quality improvement.

This concludes QM Module 104, Part 2 which describes a virtual QI Team.

NEXT STEPS FOR QM CERTIFICATION


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RA-PWODPQMCERTI@pa.gov

1. Name and Address
2. Job Site Location
3. QM Role
4. Supervisor
5. Contact Information: phone number and email address

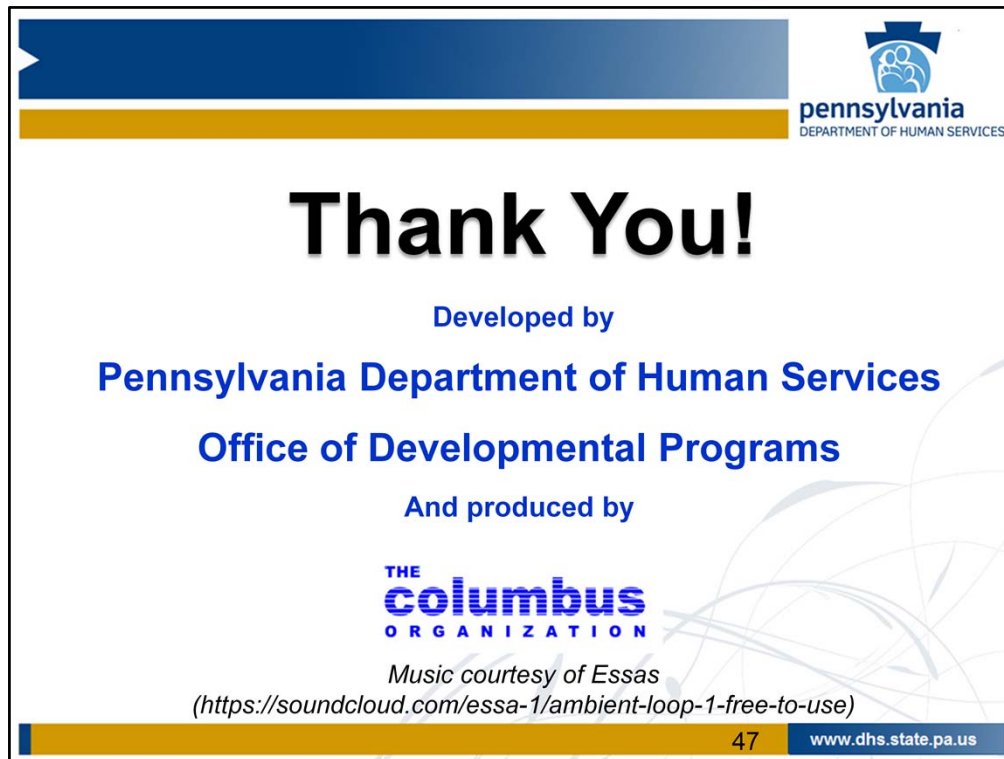
✓ Verification of pre-requisite completion

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Those seeking QM Certification should register their intent to become certified by sending the information for numbers 1 through 5 listed on this slide to the email address listed.

You will be contacted when the face to face QM Certification Module 105 is being scheduled in your area.

Information will be announced through ODP Communications about how to verify completion of the pre-requisites.



This webcast has been developed by the Pennsylvania Department of Human Services, Office of Developmental Programs and produced by The Columbus Organization.

Thank you for participating in this lesson.