

**STRENGTHENING QUALITY  
ASSURANCE/IMPROVEMENT CAPABILITIES**

**PRESENTATION AT  
NASDDDS ANNUAL MEETING  
“PATHWAYS TO EXCELLENCE: ACHIEVING  
SYSTEM-WIDE STRATEGIC GOALS TOGETHER**

**NOVEMBER 13, 2003**

# **THE KEY CHALLENGE**

**USING INFORMATION/DATA  
TO  
DRIVE POLICY AND SERVICE  
ENHANCEMENTS**

# DIMENSIONS OF A COMPREHENSIVE QUALITY ASSURANCE SYSTEM

>INDIVIDUAL

>PROVIDER

>SYSTEM

# INDIVIDUAL FOCUS

- >PERSON CENTERED PLANNING PROCESS
- >SERVICES THAT ARE TAILORED TO NEEDS AND GOALS
- >ONGOING SERVICE COORDINATION
- >ABILITY TO IDENTIFY ISSUES, RESPOND APPROPRIATELY, FOLLOW-UP

# **PROVIDER FOCUS**

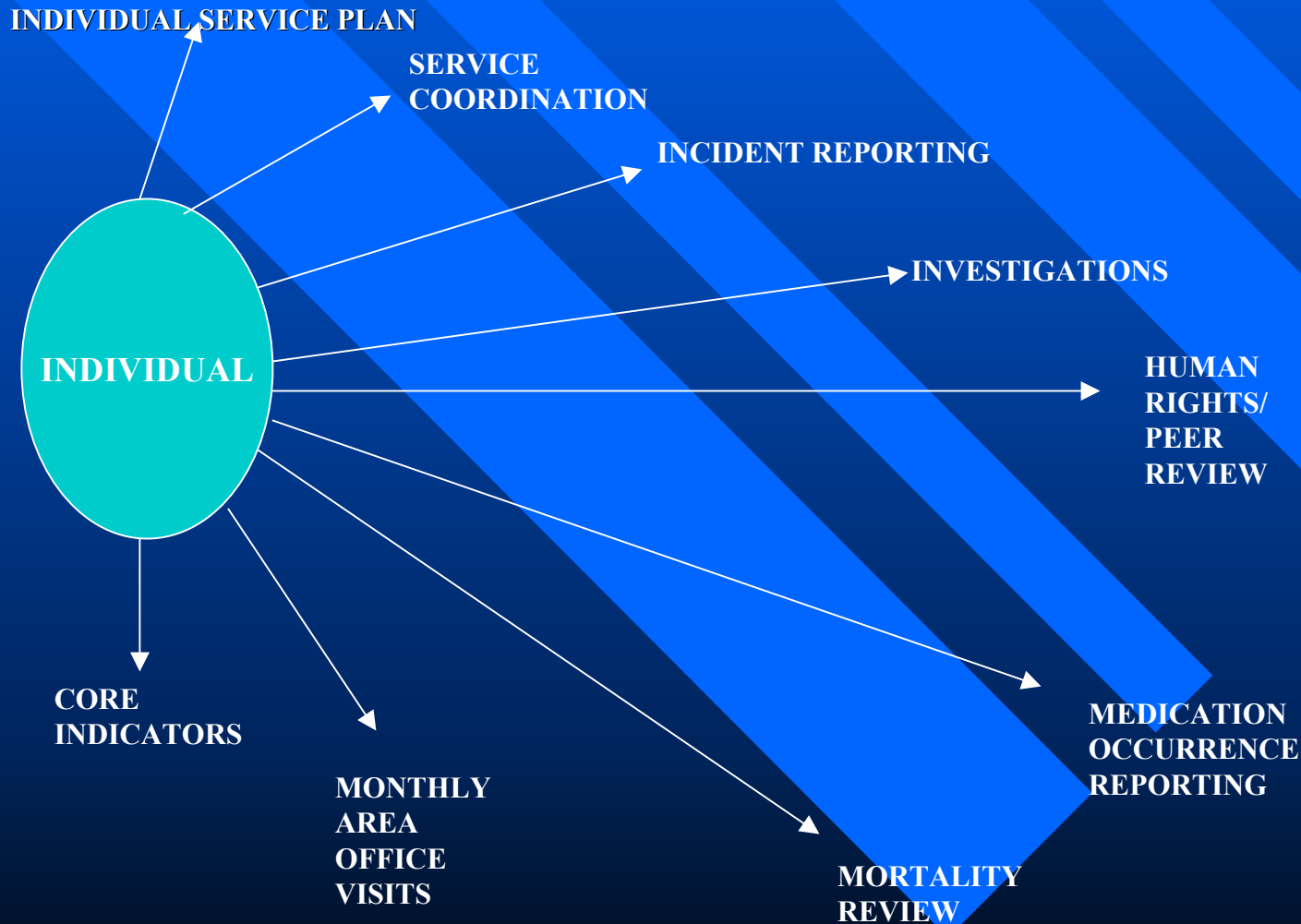
## **ARE PROVIDERS QUALIFIED?**

- >FISCALLY SOUND/PRE-QUALIFIED**
- >ADHERENCE TO BASIC HEALTH AND SAFETY REQUIREMENTS**
- >ABILITY TO ASSIST INDIVIDUALS TO ACHIEVE PERSONAL OUTCOMES IN THEIR LIVES**
- >GOOD SYSTEMS IN PLACE**

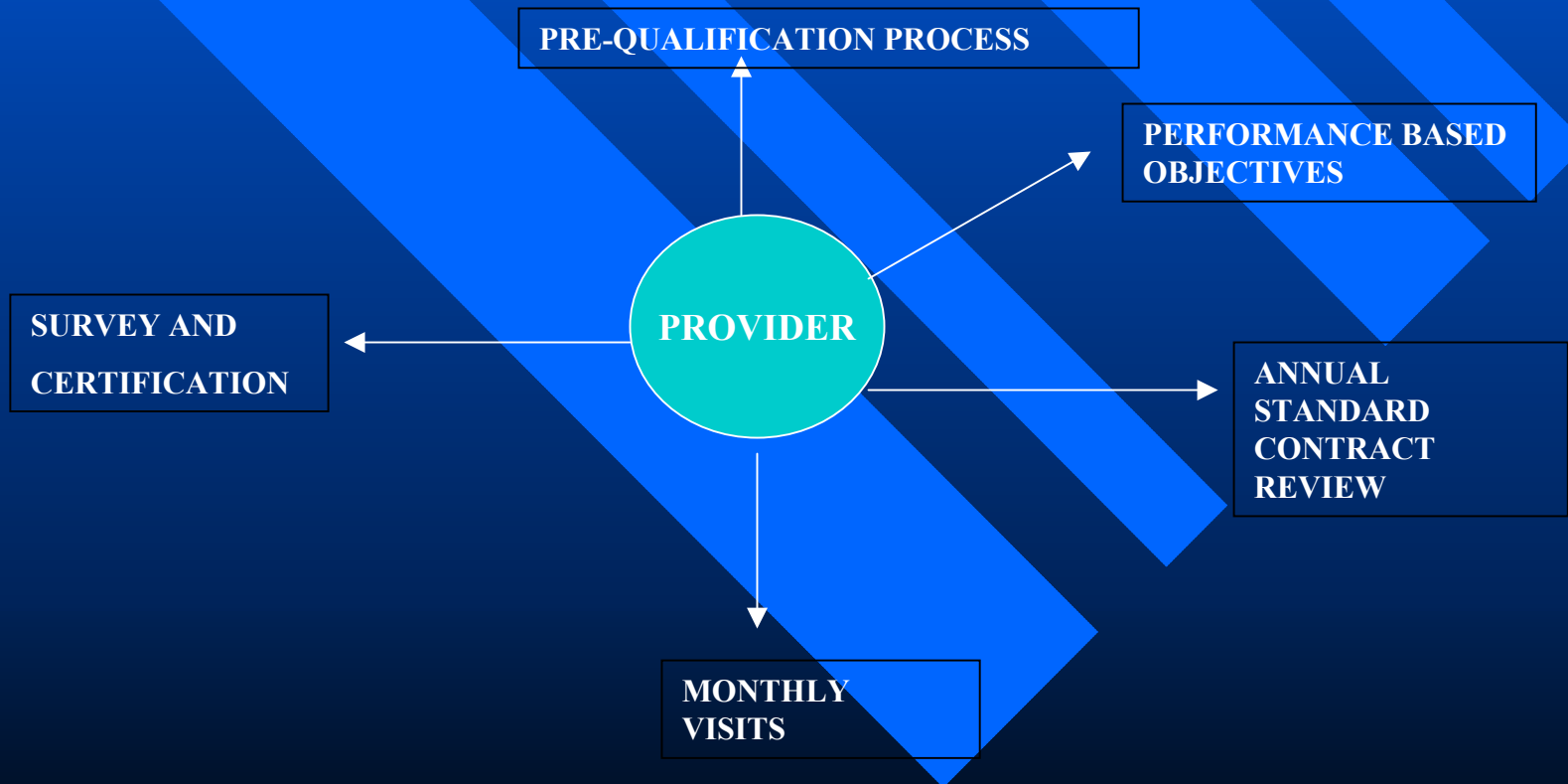
# **SYSTEMS FOCUS**

- >SHARING OF INFORMATION WITH KEY STAKEHOLDERS TO FOSTER AN ENVIRONMENT FOR ORGANIZATIONAL LEARNING**
- >AGREEMENT ON KEY OUTCOMES**
- >ANALYSIS AND AGGREGATION OF DATA FOR PATTERNS AND TRENDS**
- >SETTING TARGETS FOR SERVICE IMPROVEMENT**
- >IMPLEMENTING POLICY AND SERVICE ENHANCEMENTS**

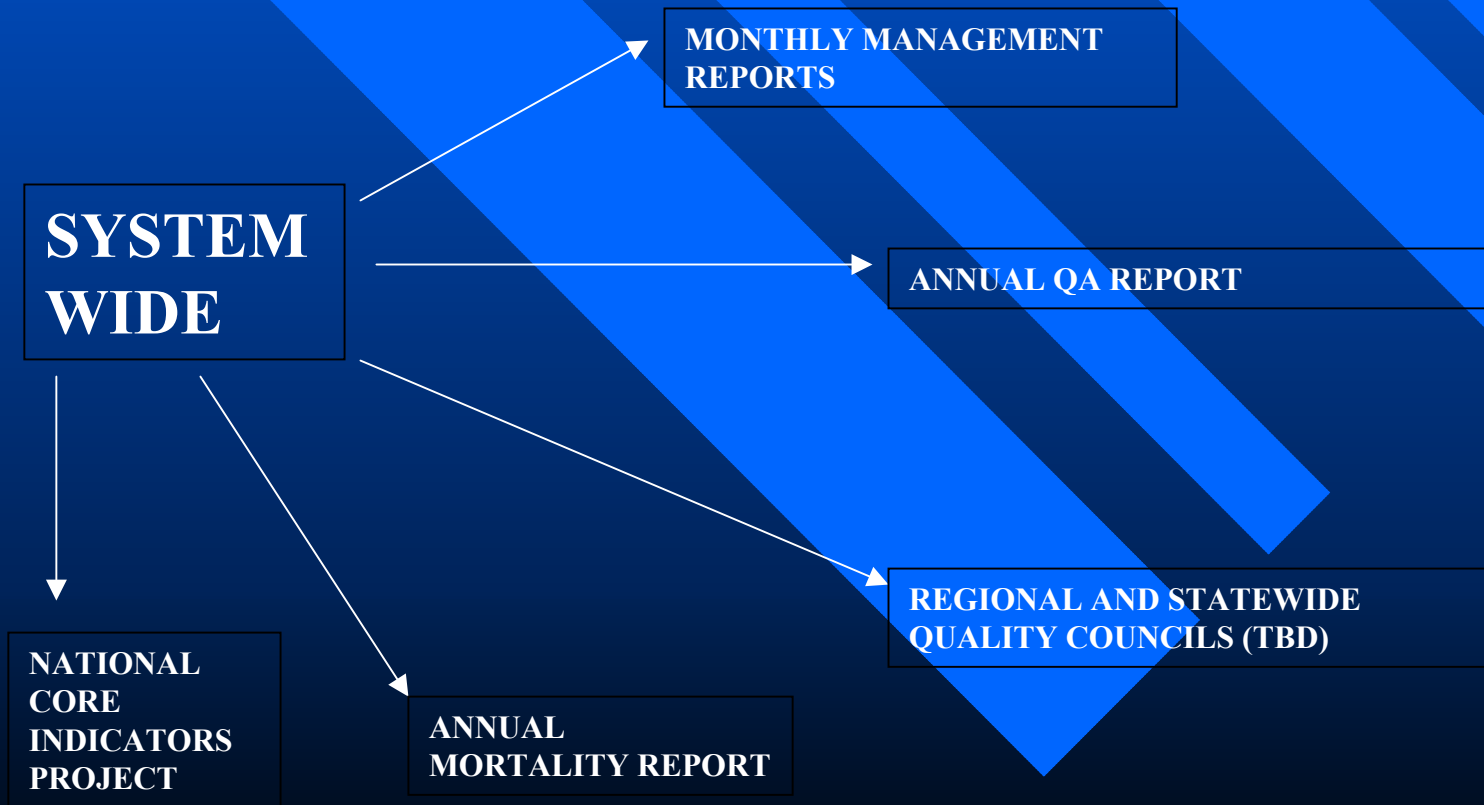
# COMPONENTS OF QA SYSTEM



# COMPONENTS OF QA SYSTEM



# COMPONENTS OF QA SYSTEM



**One Example of  
USING DATA  
TO  
CHANGE  
PRACTICE**

## REVIEW OF INFORMATION



Planning &  
Focus  
Groups

Incident  
Reporting

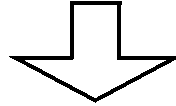
Medication  
Occurrences/  
Hotlines

Mortality  
Review

Root Cause  
Analysis

Survey and Certification

## ISSUES/ BARRIERS

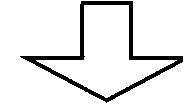


COORDINATION

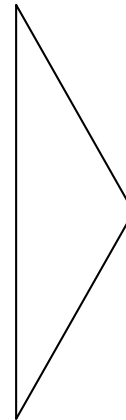
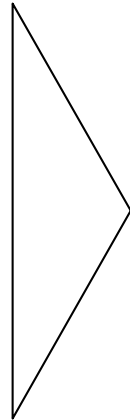
COMMUNICATION

ACCESS

## RESULTING IN



HEALTH  
PROMOTION  
AND  
COORDINATION  
INITIATIVE



# ISSUES/BARRIERS TO QUALITY HEALTH CARE

- >HEALTH CARE SYSTEM INCREASINGLY COMPLEX
- >AGING POPULATION
- >LACK OF CLEAR STANDARDS FOR  
SCREENING/PREVENTION
- >RELIANCE ON DIRECT SUPPORT PROFESSIONALS  
AS HEALTH CARE ADVOCATES
- >LACK OF ATTENTION TO HEALTH CARE ISSUES IN  
SERVICE PLANNING PROCESS

# 2 MAJOR BARRIERS ADDRESSED BY THE HEALTH PROMOTION & COORDINATION INITIATIVE

## *Issues or Problems to be Addressed*

**COORDINATION**

**COMMUNICATION**

- **Individual:** Communicating symptoms
- **Staff:** Providing essential information to HCP
- **Staff:** Recognizing important signs and symptoms
- **HCP:** Communicating information back to staff
- **System:**
  - Incomplete medical histories for HCP
  - Inconsistent screening standards
  - Inconsistent methods to report health status changes
  - Inconsistent methods to trigger clinical consultation

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**ACCESS**

To be addressed through other initiatives with the  
UMASS Medical School's CDDER

# CHANGES IN POLICY & PRACTICE:

## HEALTH PROMOTION & COORDINATION INITIATIVE

### Phase 1

- **HEALTH SCREENING RECOMMENDATIONS**
  - Adapted from Massachusetts HQP
  - Gender and Age referenced
- **HEALTH SCREENING CHECKLIST**
  - Completed by provider prior to annual physical
  - References screening standards
- **HEALTH REVIEW CHECKLIST**
  - For use by direct support professionals/supervisors
  - Records changes in person's health status
- **HEALTH CARE APPOINTMENT TOOLS**
  - **Medical Appointment Protocol**
  - **Health Care Practitioner Encounter Form**
  - **Annual Physical Examination Form**

### Phase 2

- **HEALTH RECORD**
  - Organize health history/records
  - Single document and location
- **CLINICAL CONSULTATION**
  - Protocol on when to seek professional consultation
  - Guidelines for requesting nursing review
- **ISP HEALTH PLANNING WORKSHEET**
  - For use in individual planning
  - Integrates health care issues into planning
- **TRAINING & SUPPORT**
  - **Signs & Symptoms of Illness**
    - Series of brochures
    - Easy to read & practical
    - For use by direct support staff
  - **Health Observation Guidelines**

# **AND FURTHERMORE**

## **⇒STRENGTHENING ORIENTATION AND TRAINING FOR STAFF:**

- SUPPORTING HEALTHY LIFESTYLES**
- HEALTH CARE ADVOCACY**
- RE-ASSESSING EMPHASIS ON CPR TRAINING**

## **⇒SUPPORTING ORGANIZATIONAL LEARNING:**

- “LIVING WELL” PUBLICATION**
- MORTALITY REVIEW AND REPORTING**
- ROOT CAUSE ANALYSIS**

# ⇒OVERSIGHT AND MONITORING

- REPORTING ON INDICATORS OF HEALTH CARE QUALILTY
- BUILDING IN EVALUATION OF PROVIDERS' SYSTEMS OF HEALTH CARE OVERSIGHT
- STATEWIDE HEALTH CARE ADVISORY COMMITTEE

⇒DMR WEB-SITE ON HEALTH AND WELLNESS PROMOTION

## LESSONS LEARNED

- > INVOLVE ALL STAKEHOLDERS
- > GET COMMITMENT FROM LEADERSHIP
- > GOOD DATA A NECESSITY
- > DATA ONLY A STARTING POINT – “WHAT”  
NOT “WHY”
- > USE INFORMATION PROACTIVELY – NOT  
PUNITIVELY

# **NEXT STEPS/CHALLENGES**

- >MAINTAINING FOCUS ON QUALITY IN ERA OF DIMINISHING RESOURCES**
- >MAKE SURE “STREAMLINING” DOESN’T TRANSLATE TO “ONE SIZE FITS ALL” APPROACH**
- >DEVELOP QUALITY COUNCILS WITH MULTIPLE STAKEHOLDERS –**
  - ASSESS OUTCOMES**
  - ANALYZE DATA**
  - SET TARGETS**
- >IMPROVE MANAGEMENT REPORTS**
  - CONTENT AND DATA INTEGRITY**