



# Restructuring for Quality

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# Current DMR Quality System- Central Office

- **Central Office Licensing of CLAs, Community Training Homes and Respite Centers per state regulations, every 2 years per location**
- **Central Office Review of state operated Regional ICFs/MR and Southbury in addition to DPH Certification process**
- **Internal Quality Management Office within Southbury per Consent Decree**
- **Fiscal oversight through internal and external audit teams**
- **Incident Reporting System including Medication Errors and Restraint**
- **Creation of Quality Job Performance Standards**
- **Participation in National Core Indicators**
- **Internal and Independent Mortality Review Boards**
- **Independent Division of Investigations within DMR**

# Current DMR Quality System- Regional Offices

- **Oversight of Contracted Private Providers through periodic site visits of CLAs and Day Settings, and mid-year and end- of- year contract review and renewal mechanisms**
- **Oversight of individuals and their supports through Targeted Case Management and the planning process**
- **Abuse and Neglect Reporting, Investigation and Follow-up System**
- **Implementation of Individual Special Protection Plans**
- **Program Review and Human Rights Review Process**
- **Regional Mortality Review System**
- **Annual Consumer Satisfaction Surveys of Recipients of Private Contracted Services**

# Weaknesses in the Current System

- CLA, CTH and Respite regulations and licensing process *lacked a personal outcomes and satisfaction component*
- Formalized quality review system *not available for increasing numbers of individuals receiving supports in their own or family homes*
- Licensing Reports and Follow-up mechanisms *relied on paper processing*
- Licensing Outcomes *could not be analyzed across a Provider or the State*
- Regional and Central *review methods varied and were not easily coordinated or integrated*
- Lacked a *Incident Management System*
- *Data* entered into a legacy mainframe system *could not be easily analyzed or reported at location, provider, regional or state level*
- *Decreasing numbers of employees* with broader oversight responsibilities demanded improved management information capabilities
- *Lacked inclusion of individual and families*

# SOLUTIONS

- Development of a new Quality Review and Improvement System to certify Providers of Service(s) that incorporates all components of the Quality Framework and CMS Protocols, built around Personal Outcomes
- Integration of the Quality Review and Improvement processes between Regional and State operations, 365 days a year, horizontal and vertical analysis, reporting and follow-up capabilities
- Development of a new data and information management system to support the new system
- Development of a browser based Incident Management System
- Integration of existing safeguards in Program Review, Human Rights, Medication Administration and Abuse and Neglect Reporting and Investigations into the new Quality System
- Establish new methods to assess and improve quality within individual's own or family homes based on person-centered planning, education and outcomes
- Incorporate individuals and families in the design, review and oversight of the new Quality System

# Desired Outcomes

- Individuals and families have a meaningful role in the quality system
- Provider Reviews are more efficient and meaningful
- Provider Reviews lead to Provider Profiles for individuals and families to use when selecting a Provider
- Quality is integrated and coordinated in everyday roles
- Follow-up mechanisms are automated to ensure completion and data is collected for provider and system level analysis
- The Quality System is designed to provide administrative and supervisory management information support
- Focus on and Reward Quality Improvement

# SUPPORTING ELEMENTS

- **Regional and State Quality Advisory Councils**  
*Individuals and Families are Part of Quality System*
- **Uniform Expectations and Methods to Monitor and Assess Quality**  
*Individual \* Provider/Region\* State*
- **Improved Data Analysis and Reporting Capabilities to Provide Real Time Indicators to Providers and the State**  
*Continuous Quality Improvement*
- **Establishment of Quality Benchmarks & Provider Profiles**  
*Informs Participant Choice*

# QUALITY SYSTEM FOCUS AREAS AND PERSONAL OUTCOMES

## ■ **Planning and Personal Achievement**

- ✓ People direct their own planning process
- ✓ People realize their goals for the future
- ✓ People develop and use personal competencies

## ■ **Relationships and Community Connections**

- ✓ People have satisfying and meaningful relationships
- ✓ People participate in community life

# QUALITY SYSTEM FOCUS AREAS AND PERSONAL OUTCOMES

## ■ Choice and Control

- ✓ People choose where and with whom they live
- ✓ People choose what they do for work, retirement, or other day options
- ✓ People choose their daily routines and make changes as desired
- ✓ People choose their own personal support providers

## ■ Rights, Respect, and Dignity

- ✓ People are valued and respected
- ✓ People are free from abuse and neglect
- ✓ People exercise their rights
- ✓ People have economic security

# QUALITY SYSTEM FOCUS AREAS AND PERSONAL OUTCOMES

## ■ Safety

- ✓ People are protected from fire and other life threatening situations
- ✓ People live and work in safe, clean, and personalized environments

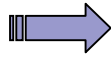
## ■ Health and Wellness

- ✓ People experience the best possible health
- ✓ People receive needed medical and health care

# PROVIDER REVIEW

## *The Provider On-Site Review*

### *Expectations*



### *Review*



### *Evaluation*



### *Results*

#### FOCUS AREAS

- Planning and Personal Achievement
- Relationships & Community Connections
- Choice & Control
- Rights, Respect, & Dignity
- Safety
- Health & Wellness

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#### DATA SOURCES

- Observation
- Record Review
- Individual Interview (NCI)
- Support Staff Interview
- Safety Checklist

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#### INDICATORS

- a) Individual Guidelines
- b) Support Guidelines

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#### PERSONAL OUTCOMES

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- 17

# PROVIDER REVIEW COMPONENTS

## ■ Pre-Review Analysis

- Organization Self-assessment: asks the Provider to describe their own quality mechanisms and initiatives.
- Analysis of continuous quality indicators collected through regional activities.

## ■ The On-Site Review

- Sample of individuals in each service area
  - CLA, CTH
  - Supported Living
  - Day/vocational
  - Individual Supports
  - Case Management

### Report Generated to Improve Quality

- Informs Regional Administration and Case Management efforts
- Informs Individuals and Families-Provider Profile
- Shapes Provider Quality Improvement

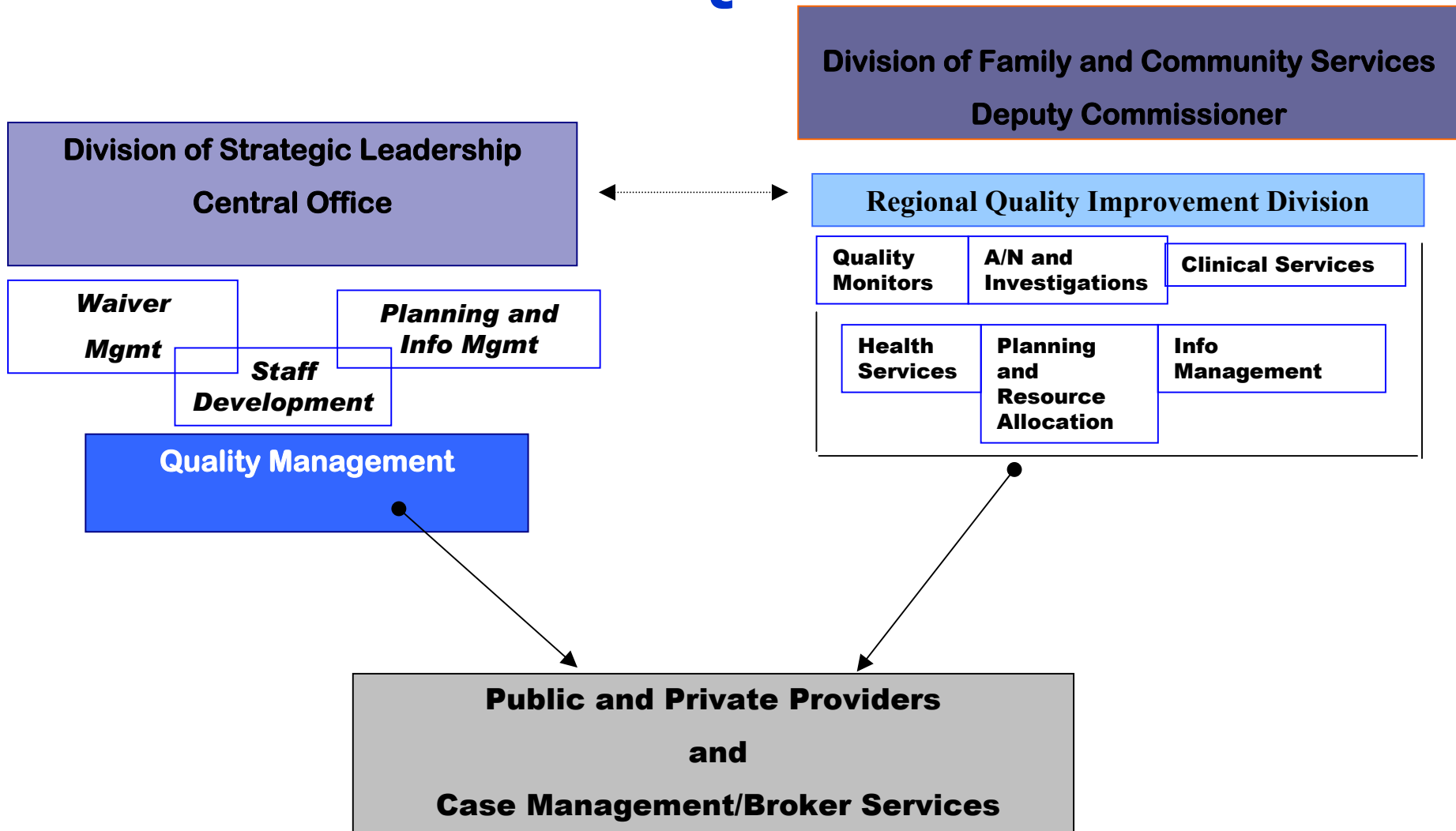
# Organizational Self-Assessment

- **What are some accomplishments your agency has achieved over the past two years?**
- **How does your agency ensure people have control over their lives?**
  - *person-centered planning, choice of home/work, use of personal budgets, hiring and performance assessments*
- **How does your agency structure facilitate the philosophy of personal outcomes?**
  - *agency mission, policies and practices, staff roles and function, inclusion of people receiving support in policy and decision making*
- **How does your agency protect the rights of the people you support?**
  - *policies and procedures, abuse and neglect systems, monitoring, risk assessment and planning, safeguards, due process, training and education*

# Organizational Self-Assessment

- **How does your agency promote access to quality health care**  
*- availability, best practices, community resources, staff responsibilities, consumer education*
  
- **How does your agency prepare for emergencies?**  
*–fire safety, evacuation, emergency response, linkages to community emergency services, consumer education, staff training*
  
- **How do you promote the fiscal integrity of your agency?**  
*– agency structure, systems, policies, monitoring, audit systems, communication with agency boards or councils*
  
- **Describe your agency's systems for ongoing quality improvement**  
*- internal quality assessment, feedback from stakeholders, improvement planning efforts, examples of success, education and training, organizational development and change*

# ORGANIZING FOR QUALITY MANAGEMENT



# REGIONAL QUALITY INITIATIVES

- Intensified and standardized contract management to include regular site visits of residential and day programs.
- Created a Quality Improvement Division within the regional office organizational structure to:
  1. Integrate data and information sources
  2. Review quality measurement data
  3. Conduct data reviews to inform service improvement and management decisions
  4. Provide feedback to management team
  5. Formalize consumer feedback and input into decision making process
  6. Audit responses to quality review findings to assure implementation of recommendations.

## **REGIONAL QUALITY INITIATIVES** - continued

- Standardized performance requirements for both public and private sectors.
- Transferred all program monitoring responsibilities from Contract Administration and Public Operations to the QI Division.
- Developed a strategy to link regional and state level quality monitoring to better utilize limited resources and assure comprehensive quality review of all settings funded or operated by DMR.

# Integrating Regional and State Quality Systems

Performance measures and expectations are drawn from one pool of quality data probes

## Quality Review System Data Probes

Observation  
17 items

Record Review  
20 items

Individual Interview (NCI)

Support Staff Interview  
32 items

Safety Checklist  
depends on setting

### Regional Monitoring Tool

9 Observation Probes

10 Record Review Probes

Complete Safety Checklist

Complete Support Staff Interview

### Case Management Review

17 Observation Probes

10 Record Review Probes

Complete Support Staff Interview

Any observed non-compliant safety probes

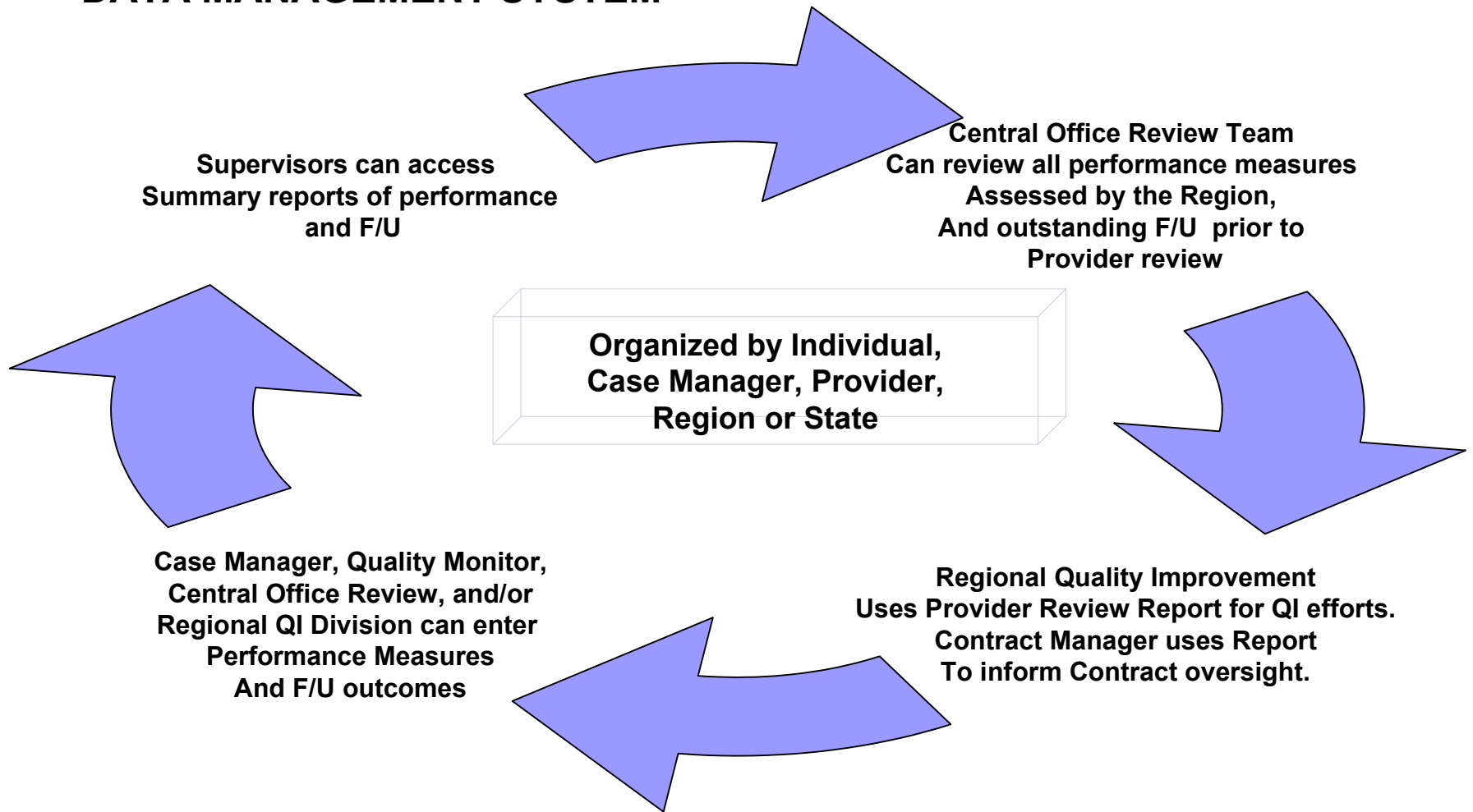
### Case Management Supervisor

20 Record Review Probes

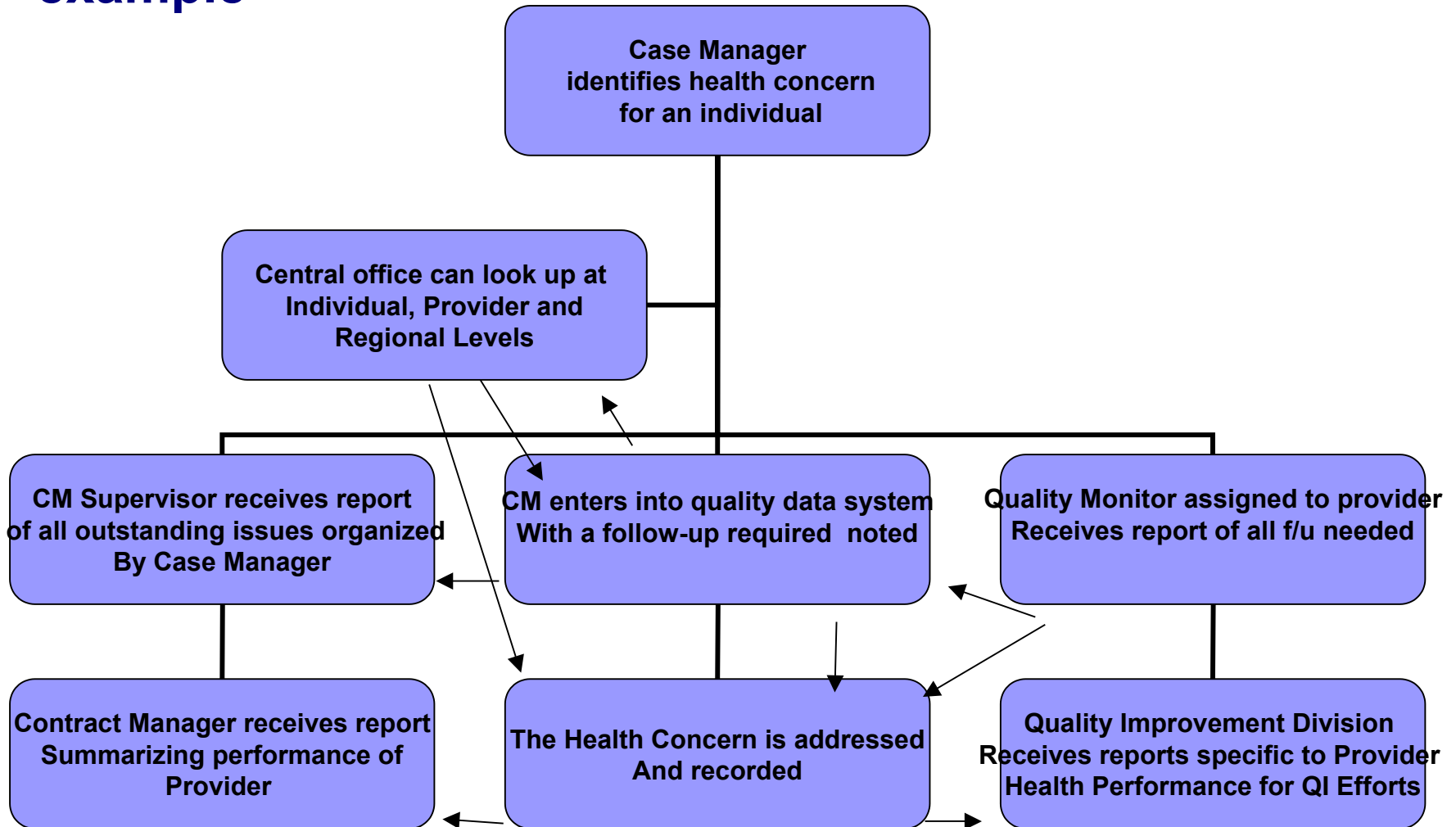
Individual Interview

New Browser based Data Management System

# DATA MANAGEMENT SYSTEM



# Data Management System Follow-up Mechanisms - example



**Advisory Councils**

**System Review, Analysis & Improvement**

**Revise Policy and Procedure;  
Target Staff and Organization Development**

**State**

**State Level Quality Review of Public and Private Provider Organizations**  
**% of Individuals Across All Settings**

**Provider Profile and Plan of Correction/Improvement**

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**Region**

**Supervisory Staff Review a % of Case Manager and Quality Monitor Activity to Assure Quality**

**Safety and Support Outcomes Reviewed for a % of Individuals living in their own homes (SL or ISA) by Quality Monitors.**

**Sampling Pyramid**

**Safety and Support Outcomes Reviewed for a % of Individuals in 100% of CLAs and Day Settings by Quality Monitors.**

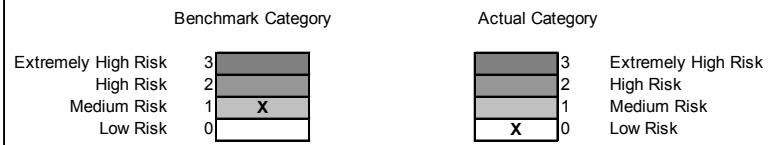
**Service and Support Outcomes Reviewed for 100% of Individuals by Case Managers**

**DESIGN    DISCOVERY    REMEDIATION    IMPROVEMENT**

# Additional Elements

- Risk adjusted benchmarks to report and assess trends in restraints and injuries
- Future analysis of incidents of Abuse and Neglect to identify – are there characteristics of the individual or the support provider which increase or decrease the likelihood of abuse and neglect?
- Future analysis of personal outcome and satisfaction measures and characteristics of support provider organizations
- Inclusion of individuals and families on review teams
- Use of Quality Councils to advise the State on performance of the system
- Use of Quality Councils to advise the Deputy Commissioner on the performance of the public sector
- Shared performance information for quality improvement available for all stake holders

Provider ID/Name: 00001/Example  
 Program Type: TRS  
 Residential RDID: DR0000000WR  
 Residential Program Name: Example



Number of Clients:	9
Number of Clients Restrained:	0
Total Number of Restraints Expected:	7
Total Number of Restraints Experienced:	0
Restraint Variance:	7

	DMR Number	Risk Category	Benchmark Restraints	Actual Restraints	Difference (Bench-Act)
<b>Client 1</b>	001	Low	0	0	0
<b>Client 2</b>	002	Low	0	0	0
<b>Client 3</b>	003	Low	0	0	0
<b>Client 4</b>	004	Medium	1	0	1
<b>Client 5</b>	005	Medium	1	0	1
<b>Client 6</b>	006	High	3	0	3
<b>Client 7</b>	007	Medium	1	0	1
<b>Client 8</b>	008	Low	0	0	0
<b>Client 9</b>	009	Medium	1	0	1

