Office of Developmental Programs
Provider Quality Management Plans
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Background
ODP’s Quality Management Strategy

- Described in ODP’s Quality Management (QM) Strategy Bulletin #00-10-02
- A comprehensive program including quality assurance and quality improvement components
- Founded on ODP’s mission, vision, and values
- Implemented and maintained using standardized structure and process

ODP’s Quality Management (QM) Strategy:
Purpose

- Ensure program compliance with regulations
- Safeguard the health and safety of individuals receiving services
- Implement promising practices
- Offer the highest quality services that promote choice and control in individuals’ everyday lives
ODP’s QM Strategy: Quality Assurance

- Discovery of performance information for the purpose of ensuring major organizational functions are performed accurately, appropriately, timely, efficiently, effectively, and with respect and caring
- Identification of areas where remediation actions to correct individual problems are necessary
- Revealing opportunities for systemic improvement

ODP’s QM Strategy: Quality Improvement

- The QM Plan is used by ODP to impact performance outcomes by designing, implementing, and evaluating improvement projects
- Leadership sets priorities for the QM Plan by considering mission, vision, and values, input from stakeholders, available performance data, regulatory requirements, and areas that are high-risk, problem-prone or high-volume
- The QM Plan includes a continuous process—a cycle of assessment, analysis and action for improvement
QM Plan Development

• ODP's State Centers and Administrative Entities have developed QM Plans for some time

• ODP desired to engage and align additional stakeholders in collaborative efforts to improve PA's service delivery system and its performance outcomes by expanding the requirement to develop and maintain QM Plans

QM Plan Development

• ODP introduced this requirement in June 2012 for Providers, including Supports Coordination Organizations (SCOs)

• The requirement is outlined in Section 51.25 of Chapter 51 Regulations for Home and Community-Based Services for persons with Intellectual Disabilities, published in the Pennsylvania Bulletin
QM Plan Development
The Provider must write and implement a QM Plan that contains the following criteria:

- Goals, which include how the provider will meet Department priorities that are published as a notice in the Pennsylvania Bulletin
- Target objectives that support each goal
- Performance measures the provider will use to evaluate progress in achieving the target objectives
QM Plan Development

- The data source for each performance measure
- The person responsible for the QM plan
- Actions to be taken to meet the target objectives

QM Plan Development

The Provider must evaluate the following when developing a QM plan:

- The manner in which the provider will meet the Department's QM plan criteria
- The provider's quarterly performance review data and available reports in HCSIS
- The results from provider monitoring and/or SCO monitoring
QM Plan Development

- Compliance with the requirements in 42 CFR 441.302 (relating to state assurances)
- Incident management data, including data on the incident target under § 51.17 (relating to incident management)
- Results of satisfaction surveys and reviews of grievances

QM Plan Development
The Provider must:

- Maintain documentation of the process used to select opportunities for improvement
- Work together with the Lead AE in the identification of opportunities for improvement and in the subsequent development, implementation, and evaluation of the QM Plan and supporting Action Plans
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QM Plan Development
The Provider must:

- Have a QM Plan in place by **June 30, 2013**

- Update the QM Plan at least every two years, beginning with FY 13-14; the FY 13-14 QM Plan should be updated no later than **June 30, 2015**

- Be prepared to submit a copy of its QM plan and verification of its review of performance data to the Department or the Department’s designee upon request

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Process Steps

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QM Plan Development

• Review and consider ODP priorities published in the Pennsylvania Bulletin on December 1, 2012; conduct an internal evaluation of provider performance to identify and prioritize specific opportunities for improvement that will be incorporated into the QM Plan

• These QM priorities align with ODP’s high-level QM priorities mentioned earlier and will vary in their application to QM Plans depending on the role each stakeholder group plays in achieving successful outcomes

ODP Priorities include:

• Achieving compliance with the Quality Improvement Strategy sections found in Appendices A-I in the Consolidated and P/FDS Waivers

• Achieving compliance with incident management policies and procedures established in the Incident Management Bulletin #6000-04-01

• Improving results of provider and SCO monitoring reviews, and ensuring corrective action plans under § 51.24 (relating to provider monitoring) are successfully implemented
**ODP Priorities include:**

- 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

- Reviewing and evaluating lifesharing opportunities and promoting an increase in the number of individuals with an intellectual disability who live in lifesharing arrangements
ODP Priorities include:
- Reviewing and evaluating practices to ensure each individual receives the most inclusive, least restrictive services and supports
- Diverting individuals from admission to State Centers and State Hospitals

Collaboration
- After considering ODP’s priorities, reviewing local data and performance, and identifying possible areas for improvement, Providers and AEs should continue the QM planning process by sharing their findings
**Collaboration**

- Lead AEs should work with designated providers to develop, implement, and evaluate their QM Plans and supporting Action Plans.

- AEs and SCOs should collaborate in identifying and achieving QM Plan objectives in which SCOs play a key role.

**Provide Rationale**

- AEs and Providers, including SCOs, should document which areas were prioritized and why.
Should all ODP priority areas be incorporated into your QM Plan?

No

Prioritization

Keeps QM Plans

• Manageable
• Effective
Writing a QM Plan

Access QM Templates

AEIC at: http://aeinfo.odpconsulting.net/

PIC at: http://pic.odpconsulting.net/

SCOIC at: http://scoic.odpconsulting.net/
### QM Plan Template

**Entity Name:** Provider A  
**Focus Area:** Example: Health and Welfare

<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome</th>
<th>Target Objective</th>
<th>Performance Measure/Data Source/Responsible Person</th>
</tr>
</thead>
</table>
| A goal is related to an organization’s purpose, mission, vision, or quality framework, is written in broad, non-specific general terms, the “ideal” to be achieved. | An outcome is a desired result, and can be person-centered, process or system-oriented. | A target objective states the level of performance an organization desires to achieve within a specified period of time. Organizations consider baseline data and benchmarks when establishing target objectives. | Performance measures are tools that “indicate” performance over time; they need to be operationally defined so data collection can be consistent across the system.  
**Data Source:** e.g., HCSIS  
**Responsible Person:** e.g., Incident Manager  
**Frequency:** e.g., Quarterly |

### Example Goal Outcome Target Objective

- **Goal:** Individuals receiving Intellectual Disability (ID) Services are safe in their home and community.
- **Outcome:** Individuals will be free of restraint.
- **Target Objective:** Incidents of physical restraints will be decreased by 20% by June 30, 2014.  
  - **Baseline:** Number of restraints FY 11-12 = 25 restraints or  
  - **Benchmark:** Number of restraints FY 11-12 = 20

- **Performance Measure/Data Source/Responsible Person:**  
  - **Data Source:** HCSIS  
  - **Responsible Person:** Incident Manager  
  - **Frequency:** Quarterly
What Next?

Action Plans

Define:

• Action items
• Who does what
• By when
Action Plan Template

Entity Name:                         Focus Area: Example: Health and Welfare

Desired Outcome: Individuals are free of restraint.

Target Objective: Incidents of physical restraints will be decreased by 20% by June 30, 2014.

Performance Measure(s): # of restraint incidents

Data Source(s): HCSS

Responsible Person: Incident Manager

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Person</th>
<th>Target Date</th>
<th>Status</th>
<th>Completion Date</th>
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</thead>
<tbody>
<tr>
<td>1) Provide trainings to new staff regarding the use of positive approaches.</td>
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<td>2) Collect monthly training data to track the number of staff trained.</td>
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<tr>
<td>3) Collect restraint data to track number of restraint incidents.</td>
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<td>4) Report restraint and training data quarterly to Executive Board.</td>
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Improvement Underway…
Plan-Do-Check-Act Model

**Plan** how improvement will be accomplished. Write an action/work plan that specifies goals, measurable objectives, action steps, responsible person(s), and evaluation for the targets met.

**Do** Implement the improvement plan, including education about the process change.

QM Plans and Action Plans

Should be:

- Monitored by an identified oversight body
- As often as necessary
Plan-Do-Check-Act Model

Check the effect of improvement steps by collecting data; analyze data and summarize lessons learned. Determine the success or failure of the plan.

Act to hold the gains or to continue the improvement process. Incorporate the plan and/or solution into practice. Inform and educate all involved. Continue to monitor and evaluate progress.

Performance Reports

Include:

- Performance Measures
- Findings and Analysis
- Follow-up
Data Analysis

- Pairs data display with a written explanation
- Describes barriers encountered

Performance Reporting

- ODP recommends AEs and providers, including SCOs, engage in the practice of quarterly data reporting
Entity Quality Management Quarterly Report
Review and analysis of progress made to date to achieve QM Plan objectives.

Entity Name: Provider A Date: January 31, 2014 Submitted by: Incident Manager

Focus Area and Desired Outcome: Health and Welfare-Individuals receiving ID services are safe in their home and community. Individuals will be free of restraints.

Objective: Incidents of physical restraints will be decreased by 20% by June 30, 2014

Performance Measures | Findings and Analysis | Plan-Do-Check-Act (PDCA) Cycle
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# of restraint incidents | Display data and provide data analysis where available. Include barriers to achievement of objectives where obstacles exist. | Follow-up

Data Source: HCSIS

Plan: Describe follow-up activities indicating how barriers, if present, will be addressed.

Describe how key stakeholders are involved in the achievement of QM Plan objectives.

Describe how and on what schedule progress in implementing the Entity QM Plan is reported to the County/Joinder MH/ID Board or Entity Board of Directors.
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Performance Measures | Findings and Analysis | Plan-Do-Check-Act (PDCA) Cycle Follow-up
--- | --- | ---
The number of incidents of restraint gradually decreased during the first quarter of FY 13-14 due to staff successfully engaging in alternative intervention techniques. The rise, or “spike” in incidents during the second quarter is attributed mainly to two factors: In October 2013, two new staff joined the organization. At the same time, one individual with very challenging behaviors also became a resident of the facility. While new staff does receive training in alternative intervention techniques and positive approaches to difficult situations, time is needed to put into practice what has been learned. The combination of newly trained staff and an individual’s difficulty in adjusting to his new environment resulted in a higher number of incidents of restraint.

Describe how key stakeholders are involved in the achievement of QM Plan objectives.

*To address the individual’s level of frustration and difficult behaviors, an Individualized Restraint Reduction Plan was developed that includes a PPRT referral. Staff reports that support from the PPRT team has been very helpful in identifying strategies to avoid conflict and future use of restraints.*

*Another proactive measure has also been put into place to ensure that seasoned staff acting as mentors will be available to new staff who may be dealing for the first time with an individual known to have challenging behaviors. It is anticipated that corrective actions put into place will result in a 20% reduction of restraint incidents over time.*

Describe how and on what schedule progress in implementing the Entity QM Plan is reported to the County/Joinder MH/ID Board or Entity Board of Directors.

*Individuals, family, providers including SCOs, contracted entities participate in Provider A’s ongoing quarterly QI Council meetings.*

A quarterly summary report is presented to members of Provider A’s MH/ID Board of Directors.
With review, be prepared to:

- React quickly
- Revise an action plan

Review of Accomplishments

We have completed:

- A QM Plan document
- Action Plans
- Quarterly Reports
What now?

Continue to monitor progress in achieving target objectives through ongoing implementation of the PDCA cycle.

QM Plan Renewal

Assess whether:

- Target objectives are being achieved
- Target objectives should be continued, revised or discontinued in the next QM Plan cycle
- New target objectives should be identified
QM Plan Renewal

Provide rationale for any target objective(s) you plan to discontinue by:

- Incorporating performance data in your discussion
- Describing how you will monitor to ensure level of performance is sustained

Move forward with new goals and objectives

Mission...

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.
Vision...

Our vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.