



DEVELOPMENTAL PROGRAMS BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

Quality Management Strategy of the Office of Developmental Programs

BY:

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SCOPE:

Administrative Entity (AE) Administrators or Directors
County Mental Health/Mental Retardation (MH/MR) Programs
State and NonState Intermediate Care Facilities for People with Mental Retardation (ICFs/MR)
Supports Coordination Organization Directors
Providers of Mental Retardation Services
Providers of Autism Services
Individuals and Families served by ODP

PURPOSE:

The purpose of this bulletin is to distribute the Office of Developmental Programs' (ODP) Quality Management (QM) Strategy. The QM Strategy is founded on the mission, vision, and values of ODP and establishes standardized structure and process for implementing and maintaining the QM Strategy in all ODP's programs.

BACKGROUND:

ODP's QM Strategy is a comprehensive program that includes quality assurance and quality improvement components. This QM Strategy is developed and implemented to:

- 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.

Mission

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence and enhanced quality of life.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Developmental Programs Regional Office

Vision

ODP's vision is to continue refining a system of quality services and supports delivered in respectful, inclusive environments, to foster competent, evidence-based practice, and to extend our reach to all Pennsylvanians with developmental disabilities who need our services.

Scope

ODP serves individuals with developmental disabilities in Home and Community-Based Services and institutional services.

Values

ODP continuously strives to improve the quality of services and supports through:

- Guidance from individuals receiving services and supports, their families, caregivers, and friends.
- Recommendations from the Planning Advisory Committee (PAC) and Bureau of Autism Services Advisory Board (BASAB).
- Collaboration with all partners – advocates, providers, Administrative Entities (AEs), other governmental agencies, and the community.
- Being aware of and encouraging use of evidence-based best practices by disseminating information to all stakeholders.

The values articulated as principles in Bulletin 00-03-05, *Principles of the Mental Retardation System* (Attachment A) and the values articulated in the Autism Task Force Report (Attachment B) set the direction for the developmental disabilities service system. These values provide context and guidance for policy development, service design and implementation, and decision-making.

In addition to the systemic values described above, ODP adopts the following principles to guide the daily work of ODP. Staff are expected to integrate these principles into the performance of their daily responsibilities.

- Transparency—to continuously share information and talk with internal and external stakeholders; to listen to individuals with developmental disabilities and their families, caregivers, and friends.
- Excellence—to embed best practices to consistently safeguard and support individuals, families and caregivers.
- Accountability—to administer programs and allocate resources equitably; to be fiscally responsible for all stakeholders.
- Collaboration—to work together with our partners to achieve our mission and vision on behalf of the citizens of Pennsylvania.

Quality Framework

ODP applies the focus areas of the Home and Community-Based Services Quality Framework (Attachment C) across its programs, with emphasis as follows:

Participant Centered Focus Areas include the following:

- **Participant Access:** Individuals have timely access to needed services and supports.
- **Participant-Centered Service Planning and Delivery:** Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his or her life.
- **Provider Capacity and Capabilities:** A network of qualified, competent providers is developed and maintained.
- **Participant Safeguards:** Individuals are safe and secure in their homes and communities, taking into account their informed and expressed choices. Individuals are supported to achieve and maintain optimal health.
- **Participant Rights and Responsibilities:** Individuals are supported to exercise their rights and accept personal responsibilities.
- **Participant Outcomes and Satisfaction:** Individuals are satisfied with services and achieve desired outcomes.

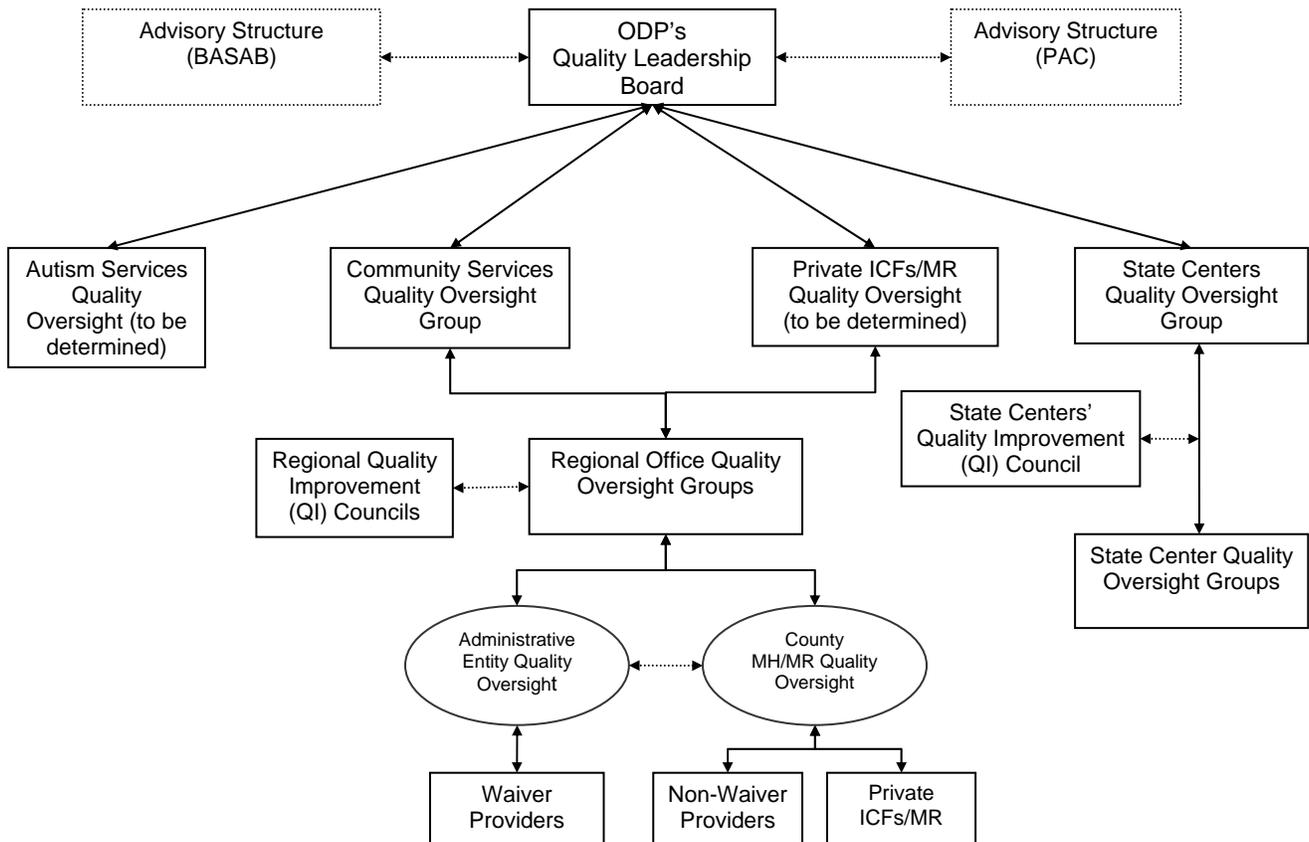
System Performance Focus Areas include the following:

- **Quality Management:** Organizational performance is continuously measured, evaluated, and improved. Individuals and other stakeholders are engaged in designing and improving services.
- **Human Resources Management:** A stable, knowledgeable, and effective workforce is developed and maintained.
- **Financial Management:** Fiscal practices are state-of-the-art, accurate, and efficient.
- **Information Management:** Information systems are state-of-the-art, cost-effective, efficient, and support data-based management.

Responsibility

Ultimate responsibility for the QM Strategy of ODP rests with the Deputy Secretary. Responsibility is delegated to the Quality Leadership Board, Program Oversight Groups, and local oversight groups as appropriate to each Bureau, program, or both.

Quality Management Structure



Quality Management Structure:

The **Quality Leadership Board** is responsible to do the following:

- Establish ODP's mission, vision, values and quality framework.
- Oversee and monitor all processes related to ODP's QM Strategy.
- Identify persons responsible for overall management of the QM function.
- Foster development of a comprehensive inventory of performance measures.
- Approve performance measures that will be assessed in the system.
- Establish ODP's quality improvement priorities based on a review of statewide performance trends, patterns, and outcomes.
- Determine overall QM structure and process.
- Review and approve annual QM Plans.
- Review and evaluate the effectiveness of ODP's QM Strategy.
- Ensure QM information is communicated internally and externally.

Program Quality Oversight Groups (Autism Services, Community Services, Private ICFs/MR, and State Centers) are responsible to do the following:

- Ensure program alignment with ODP's mission, vision, values and quality framework.
- Oversee and monitor all processes related to the program's QM Strategy.
- Identify persons responsible for overall management of the program's QM function.
- Ensure development of the program's inventory of performance measures.
- Analyze aggregate data, review statewide trends, patterns and outcomes.
- Identify and recommend responsible parties for remediation and improvement activities.
- Identify practices to be adopted, modified or eliminated.
- Recommend training and technical assistance that will embed desired policies and practices.
- Recommend changes, revisions and additions to policies, procedures and practices, waivers, and regulations.
- Ensure waiver assurances and requirements are met.
- Ensure remediation activities are completed and evaluate their effectiveness.
- Isolate opportunities for improvement system-wide.
- Evaluate the usefulness of data sources used to measure system performance and recommends enhancements.
- Determine priorities for annual QM Plan with input from internal and external stakeholders.
- Review and make recommendations regarding the annual QM Plan to the Quality Leadership Board.
- Report progress and recommendations to the Quality Leadership Board.

Regional Office Quality Oversight Groups are responsible to do the following:

- Ensure regional alignment with ODP's mission, vision, values and quality framework.
- Oversee and monitor all processes related to QM Strategy at the regional level.
- Review measures reflecting regional performance, analyze aggregate data, identify trends, remediation and improvement opportunities.
- Identify responsible parties for remediation and ensures interventions are completed.
- Identify opportunities for improvement.
- Determine priorities for annual QM Plan with input from internal and external stakeholders.
- Report progress and recommendations to the Community Services Quality Oversight Group.

State Centers Quality Oversight Groups are responsible to do the following:

- Ensure State Center alignment with ODP's mission, vision, values and quality framework.
- Oversee and monitor all processes related to QM Strategy in the State Center.
- Review measures reflecting State Center performance, analyze aggregate data, identify trends, remediation and improvement opportunities.

- Identify responsible parties for remediation and ensures interventions are completed.
- Identify opportunities for improvement.
- Determine priorities for annual QM Plan with input from internal and external stakeholders.
- Report progress and recommendations to the State Centers Quality Oversight Group.

County MH/MR Programs or Administrative Entities are responsible to do the following:

- Ensure County Program or AE alignment with ODP's mission, vision, values and quality framework.
- Review data to determine compliance with waiver assurances where applicable.
- Review County Program and AE performance trends, patterns and outcomes.
- Oversee and monitor all processes related to QM Strategy at the County Program and AE level.
- Review measures reflecting County Program and AE performance, analyze aggregate data, identify trends, remediation and improvement opportunities.
- Identify and recommend responsible parties for remediation and improvement activities.
- Identify opportunities for improvement.
- Recommend practices to be adopted, modified or eliminated.
- Ensure remediation activities are completed and evaluate their effectiveness.
- Approve local remediation plans.
- Monitor progress and impact of remediation plans.
- Conduct provider monitoring.
- Determine priorities for annual QM Plan with input from internal and external stakeholders.
- Prepare semiannual Incident Management Report.
- Develop annual QM Plan.
- Submit semiannual Incident Management Report and annual QM Plan to regional office.
- Report progress and recommendations to the Regional Office Quality Oversight Group.

Waiver and Non-Waiver Providers (that is, direct service providers and SCOs) are responsible to:

- Support ODP's mission, vision, values and quality framework.
- Access and review available provider performance trends, patterns and outcomes.
- Support ODP's Provider Monitoring processes.
- Prepare semiannual Incident Management Reports.
- Submit semiannual Incident Management Report to County Programs and AEs.
- Recommend priorities for ODP's annual QM Plan.
- Collaborate with system partners in improving local services and supports.

- Share quality information with partners and stakeholders.

The **Planning Advisory committee (PAC)** and **Bureau of Autism Services Advisory Board (BASAB)** are responsible to:

- Provide input on priorities to be included in ODP’s annual QM Plan.
- Review ODP’s annual report and provide recommendations to address identified deficiency areas and opportunities for improvement.
- Establish workgroups, as needed, to evaluate particular areas of concern, recommend plans of action and review follow-up information regarding implementation of plans.

QI Councils:

- Provide stakeholder input on priorities to be included in ODP’s annual QM Plan.
- Review ODP’s annual report and provide recommendations to address identified deficiency areas and opportunities for improvement.

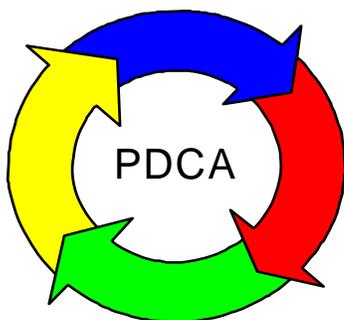
Performance Measurement and Improvement

ODP’s QM Strategy involves a planned, systemic and organization-wide approach to data collection and analysis, performance measurement, and continuous improvement. Quality is built into the processes of daily work and has four interrelated aspects:

- Complying with regulation and ODP policy.
- Systemically collecting, analyzing, and using data to make management decisions.
- Designing and implementing initiatives.
- Monitoring results for sustainability or need for improvement.

ODP uses the Plan-Do-Check-Act Model to implement system improvement.

Plan-Do-Check-Act Model



Plan how improvement will be accomplished. Write a work plan that specifies goals, measurable objectives, action steps, responsible persons, and evaluation for the targets met.

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

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, solution, or both into practice. Inform and educate all involved. Continue to monitor and evaluate progress.

Annual Planning

The annual QM Plan is the method used by ODP for measuring and influencing quality through the achievement of performance outcomes. Methodology for the annual QM Plan includes a continuous improvement process, a cycle of assessment, analysis and action for improvement.

ODP Leadership sets priorities for the annual QM Plan by considering its mission, vision, and values, input from stakeholders, regulatory requirements, and areas that are high-risk, problem-prone or high-volume.

All information management processes in ODP follow the same seven steps:

- Step 1:** Plan and organize for data collection, interpretation and use.
- Step 2:** Verify data and ensure corrections are made as needed.
- Step 3:** Identify and present potentially important findings.
 - What is the trend over time?
 - How are the data likely to be interpreted or misinterpreted?
 - Is there an opportunity for improvement?
 - Who should receive the data and for what purpose?
- Step 4:** Study and analyze the data further to develop recommendations for change.
 - Variation analysis.
 - Review of additional data.
 - Process analysis.
 - Focused review.
- Step 5:** Take action to improve care and services.
 - Training.
 - Change in policies and practices.
- Step 6:** Monitor performance for the impact and effectiveness of the quality improvement actions that were implemented.
- Step 7:** Communicate results.

Technical Assistance and Support

To ensure success in applying QM principles and practices, ODP maintains a QM Section with qualified staff. QM staff provides technical assistance, standardizes QM

processes and tools, facilitates meetings and workgroups, and serves as a resource center for all programs and operational entities.

Communication

The PAC, BASAB, and QI Councils are groups incorporating stakeholders, including individuals, families, advocates, providers and administrative entities. ODP solicits recommendations from the PAC, BASAB and QI Councils for improvement opportunities to be included in the annual QM Plan. On a yearly basis, the results of the annual QM Plan are presented to the PAC, BASAB and QI Councils.

Evaluation

On an annual basis, the ODP Quality Leadership Board assesses program and operational performance. Results of this review may demonstrate a need to revise ODP's QM Strategy, including changing priorities, using different approaches to ensure progress, modifying roles and responsibilities of key entities, and modifying data sources in order to retrieve the information needed for measurement.

DISCUSSION:

Each Bureau within ODP applies the mission, vision, values, QM structure and QM processes as described in ODP's QM Strategy to ensure that all individuals served in Home and Community-Based Services and institutional services receive the highest quality of services and supports possible.

ATTACHMENTS:

Attachment A	Bulletin 00-03-05, <i>Principles of the Mental Retardation System</i>
Attachment B	Bureau of Autism Services Values
Attachment C	HCBS Quality Framework