

# QUALITY ENHANCEMENT PROVIDER HANDBOOK



*Developed jointly by the*

*Louisiana*

*Office of Aging and Adult Services*

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*Office for Citizens with Developmental Disabilities*

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## INTRODUCTION

The Office of Aging and Adult Services (OAAS) and the Office for Citizens with Developmental Disabilities (OCDD) jointly developed this handbook which describes promising practices for creating a Quality Management (QM) Strategy for organizations that support people who are elderly and/or people with disabilities. This handbook includes the following sections and components:

- ❖ Foundations
  - ◆ Developing Mission, Vision, Values, and Guiding Principles
  - ◆ Establishing a Quality Council
  - ◆ Establishing an Organization Infrastructure to Support Quality
  - ◆ Identifying Quality Outcomes and Developing Performance Indicators
- ❖ Learning
  - ◆ Identifying Data
  - ◆ Collecting Data
  - ◆ Aggregating and Analyzing Data
  - ◆ Assessing the Quality of Your Services
- ❖ Responding
  - ◆ Developing a Quality Enhancement Plan
  - ◆ Writing Goals, Objectives, Action Plans, and Benchmarks
  - ◆ Selecting and Prioritizing Quality Enhancement Projects
- ❖ Implementing
  - ◆ Implementing the Quality Enhancement Plan
- ❖ Evaluating
  - ◆ Evaluating Fidelity of Implementation of Your Plan
  - ◆ Evaluating Effectiveness of Your Plan
  - ◆ Reviewing and Updating of Your Quality Enhancement Plan
  - ◆ Reviewing and Updating of your Quality Management Strategy

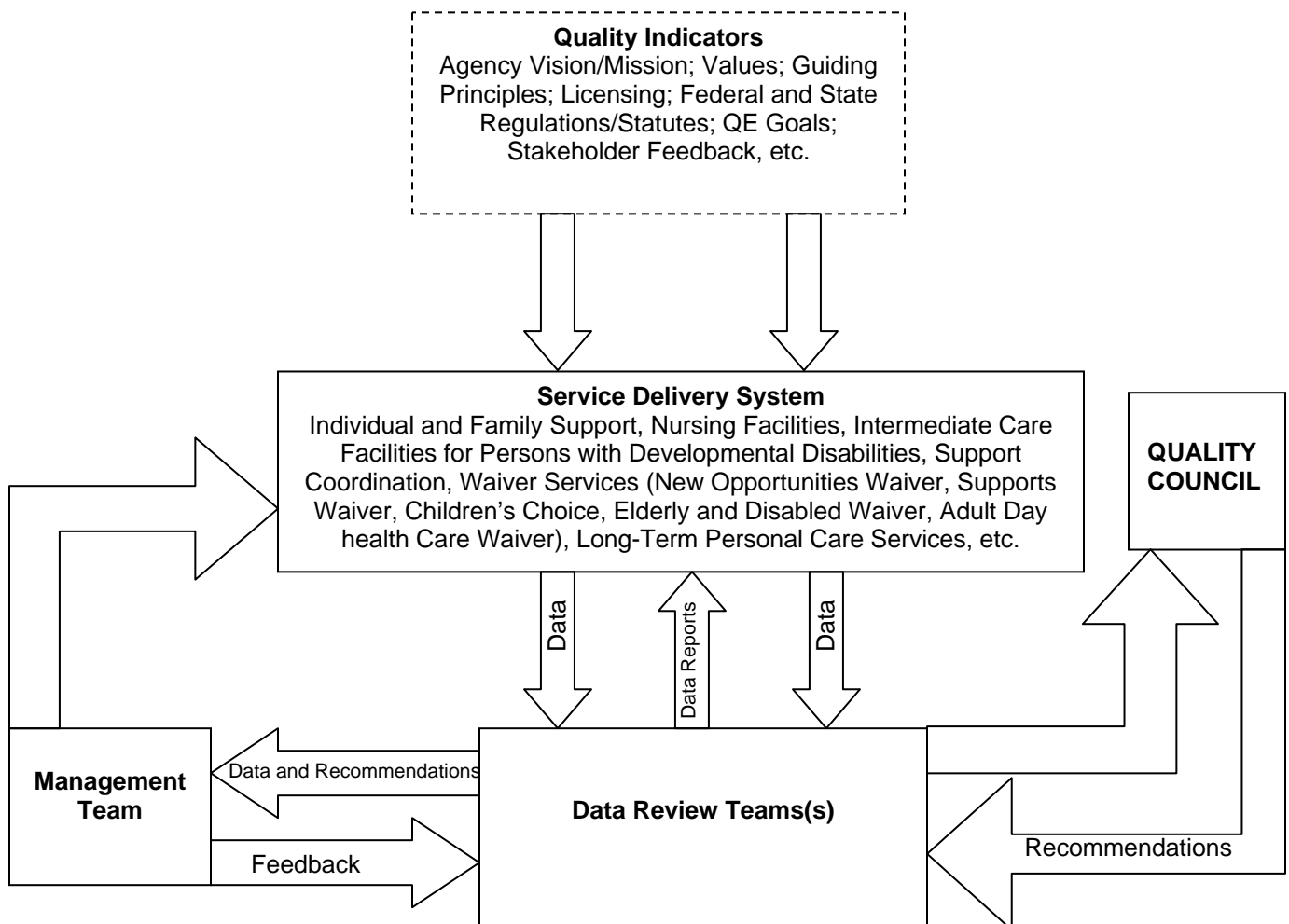
Our intention is to provide guidance to support coordination and service provider agencies in developing a comprehensive and continuous quality enhancement (QE) process to improve the quality of services for older adults and individuals with physical and developmental disabilities. No two organizations are identical; they provide different services to different populations in different geographic areas and have different stakeholders and different organizational cultures. Therefore, this handbook suggests that your organization consider these differences when including outcomes and performance indicators in your Quality Management Strategy, when deciding on data collection, and when including goals and objections in your Quality Enhancement

Plan. Your organization will develop a comprehensive Quality Management Strategy that reflects its uniqueness.

The handbook will show you how key concepts, such as outcomes/indicators based on the mission, vision, values, guiding principles and stakeholder input, come together; how information/data is reviewed and acted upon by various parts of the organization; and how the quality teams fit into the process to form a continuous quality improvement system as indicated in the Quality Enhancement Process policies of OAAS and OCDD. Providers are expected to develop or modify their existing process to engage in quality enhancement activities that identify and respond to opportunities to improve the provision of supports and services to people who are elderly and people with disabilities.

A key component of the Quality Enhancement Process is the flow chart below that illustrates how information flows within the quality process for an organization.

### Provider Quality Information Flow



## FOUNDATIONS

The first step toward developing your organization's Quality Management Strategy is developing or reviewing your organization's vision and mission. Your organization should be clear about what it does, how it expects to improve, and the desired outcomes. Your organization may also develop a statement of values or guiding principles. Additionally, effective Quality Enhancement Strategies include stakeholder representation on a Quality Council and establishment of an infrastructure within the organization which will support your quality enhancement efforts.

### Developing Mission, Vision, Values, and Guiding Principles

Your organization's mission, vision, values, and guiding principles guide your quality enhancement activities toward outcomes and goals that are important to your organization and your stakeholders. Periodically, review your vision and mission to assure that they continue to reflect the goals of your organization and stakeholders.

#### **Mission**

A mission statement concisely describes the purpose of the organization. Consider the following when developing or revisiting your mission statement:

- ❖ The nature of your business
- ❖ The types of products or services provided
- ❖ Your markets / customers
- ❖ Your organizational culture

An example of a mission statement follows:

*The Office for Citizens with Developmental Disabilities is committed to providing quality services and supports, information, and opportunities for choice to people of Louisiana with developmental disabilities and their families.*

#### **Vision**

A vision statement should be a vibrant and vivid picture of your organization as it efficiently and effectively carries out its mission. It should be outcome oriented. Consider the following questions when developing your vision statement:

- ❖ What are we trying to accomplish?
- ❖ What is the overarching goal we are trying to reach?
- ❖ Why do we do what we do?

To illustrate, the following is the vision statement adopted by OCDD:

*Building relationships and supporting choices.*

### **Values and Guiding Principles**

Values and guiding principles represent the core priorities of the organizational culture and reflect the deeply held beliefs of the organization and its stakeholders. Consider the following questions when you develop a statement of values or guiding principles:

- ❖ What drives us as we conduct our business?
- ❖ What are the constraints that we want to impose upon our activities?
- ❖ What are the opportunities that we want to embrace?

### **Stakeholders Input**

A variety of mechanisms, such as workgroups, focus groups, or surveys, can be used in developing your mission and vision, values, and guiding principles. Regardless of the mechanisms used, obtain input from a variety of stakeholders including:

- ❖ People who are elderly and people with disabilities and their families
- ❖ Your staff
- ❖ Your Board of Directors
- ❖ Your community

## **Establishing a Quality Council**

Your organization should establish a Quality Council, which is a key component in establishing your organization's Quality Management Strategy. The council is an advisory group whose role is to assist your organization in developing meaningful outcomes and performance indicators and setting priorities for quality improvement.

### **Membership**

Ideally, the membership of your Quality Council will be composed of stakeholder representatives. You should strive to include people to whom your organization provides services, their families, representatives from advocacy organizations, and community leaders. The exact composition is determined by the population you serve, advocacy groups that are active in your geographic area, and the interest and commitment that you can obtain from local leaders in government, business, religious, and community organizations.



## Size

The size of the Quality Council varies from organization to organization. The council should be large enough to include a wide variety of stakeholders but small enough to be a “working group.”

## Role of the Quality Council

The Quality Council will help you to better support people who are elderly and people with disabilities and better serve your community by assisting your organization to:

- ❖ Identify quality outcomes and performance indicators,
- ❖ Assess performance,
- ❖ Prioritize quality enhancement goals and objectives, and
- ❖ Evaluate implementation and effectiveness of your quality enhancement plan.

The Quality Council members are “guiders” who will help your organization as you develop your Quality Management Strategy and quality enhancement initiatives. Other considerations, such as funding requirements or direction from your Board of Directors, also will impact these decisions.

## Establishing an Organizational Infrastructure to Support Quality

Quality is the responsibility of every section and every employee within an organization. Executive management’s role is to provide direction and leadership. Supervisory staff’s role is to oversee the provision of supports and services to assure that the services meet the organization’s standards and that opportunities for excellence are realized. Staff that directly provides services or support coordination have one of the most important roles; they are an organization’s eyes and ears and hands. Without every employee’s commitment, quality management efforts of an organization may not result in achievement of the organization’s quality goals.

Although quality is every employee’s responsibility, some of the staff within an organization has responsibility to facilitate quality management activities and assist all staff to fulfill their quality responsibilities. An organization’s Quality Unit is comprised of those staff members who coordinate the quality efforts of an organization. The size of the Quality Unit varies, depending on the size of the organization. In a small organization, the “unit” may be one or two persons. In a large organization, there may be a section devoted to coordinating quality management activities.

## Functions of the Quality Unit

The functions of the Quality Unit may vary slightly from organization to organization. Typical functions include:

- ❖ Assisting in the development of discovery methods which enable an organization to collect information and data related to the quality of services,
- ❖ Working with information technology staff in the development of databases which support the collection of information and so that data may be aggregated and analyzed for trends and patterns,
- ❖ Analyzing data and writing reports which summarize trends and patterns that emerge,
- ❖ Facilitating the review of quality data by internal and external groups which provide recommendations to executive management,
- ❖ Gathering action plans from staff who have responsibility for implementing quality enhancement projects,
- ❖ Gathering status reports on quality enhancement projects so that the organization can evaluate implementation,
- ❖ Gathering data to evaluate effectiveness of quality enhancement projects, and
- ❖ Providing training, technical assistance, and support to all staff on the organization's Quality Management Strategy, quality enhancement projects, and their responsibilities pertaining to discovery, data entry and management, remediation, and quality enhancement.

## Identifying Quality Outcomes and Developing Performance Indicators

An important function of your Quality Management Strategy is the identification of quality outcomes and performance indicators. In order to have a broad range of quality outcomes, utilize the seven (7) focus areas of the Centers for Medicare and Medicaid Services (CMS) Quality Framework as you identify and organize your quality outcomes. Your organization will develop a few quality outcomes specific to your organization in each focus area. This will assure that your measurements of quality, your performance indicators, cover all areas of long term supports and services program design.

## Focus Areas of the CMS Quality Framework

The CMS Quality Framework's seven (7) focus areas are:

1. Participant Access: Are the preferred services of the people that you support available to them; how quickly can they be obtained?
2. Participant-Centered Service Planning and Delivery: Do the individualized support plans of the people that you support reflect their needs and preferences; are these services delivered?
3. Provider Capacity and Capabilities: Does your organization have the capacity and capabilities to meet the needs and preferences of the people you support; does your agency meet the requirements of all applicable federal and state regulations?
4. Participant Safeguards: Are the people you support free from abuse, neglect, exploitation, and extortion; are potential risks identified and strategies developed to mitigate risks taking into account the preferences of the person receiving supports; do the people you support receive needed medications and health services?
5. Participant Rights and Responsibilities: Are the people you support informed of their rights and responsibilities; are they supported to exercise their civil rights; are all restrictions reviewed and approved by a human rights committee before implementation?
6. Participant Outcomes and Satisfaction: How satisfied are people with the services that your organization provides; are the people that you support achieving their short-term personal goals and long-term dreams; how do the people that you support fare on quality of life indicators?
7. System Performance: How efficient and effective are your services; how well does your performance align with your vision, mission, values, and guiding principles; do you keep abreast of proven and promising practices and update your practices, as appropriate?

## Quality Outcomes and Performance Indicators

Quality outcomes are the results of program operations or activities and may be direct or indirect, for example, improved health vs. changed attitudes or beliefs. Performance indicators are designed to measure the extent to which performance objectives are being achieved on an ongoing basis. One outcome may be that “people have the best possible health.” Performance indicators to measure how well your organization is supporting people to have the best possible health might include: number of emergency room visits, number of major illnesses or accidents, percentage of people who have a physical exam each year, percentage of people who have breast or colon cancer screenings, mortality rates, etc.

The following strategies will help your organization to develop quality outcomes and performance indicators:

- ❖ Review your mission, vision, values, and guiding principles,
- ❖ Obtain input from your Quality Council, your Board of Directors, your staff, and other stakeholders,
- ❖ Review information about what people want from the services that your organization provides, such as results from surveys or focus groups,
- ❖ Review requirements that you must follow, such as licensing regulations and funding requirements,
- ❖ Determine the quality outcomes that you and your stakeholders would like to see for the people that your agency supports and for your agency as a whole,
- ❖ Review the seven (7) focus areas to see if you have identified quality outcomes in each area. (Add additional quality outcomes to broaden the scope of your Quality Management Strategy, if necessary.), and
- ❖ For each quality outcome, determine what your performance indicators will be; that is how you will measure how well you are doing.

Once you have identified your quality outcomes and performance indicators and established an organizational infrastructure to support quality, you are ready to develop processes to systematically learn about the quality of your services.

## LEARNING

Most organizations collect various types of information and data. However, many organizations do not use this information and data to learn about the quality of their services or to drive their quality enhancement efforts. Learning is the first stage of a quality system; it is the jumping off point to enhancing quality. Without comprehensive information, you can only use your assumptions about your services for decision-making by all levels within your organization. Information can help you build a plan and focus resources on the things that need attention. This makes your efforts more efficient and effective. After you have developed your quality outcomes and performance indicators for each outcome, identify data sources for the performance indicators, either existing data sources or potential data sources. You must then have or develop ongoing processes to collect the data, aggregate and analyze the data, and use the analyses to assess the quality of your services.

### Identifying Data

Identifying data is a two step process: 1) identifying existing data, and 2) identifying data that are needed.

#### Identify Existing Data

Organizations may vary on the information and data they have available. Some typical types of existing information include:

- ❖ Satisfaction Surveys: This may include both customer and staff satisfaction.
- ❖ Results of Regulatory Reviews: This may include licensing results or any other external monitoring that was conducted.
- ❖ Incident Reports: This includes all incidents that are required to be reported both internally and externally, including abuse or neglect reports.
- ❖ Complaint Reports: This includes all complaints made about your services and their resolution.
- ❖ Internal Reviews: This may include any assessment completed by your organization to determine how well your organization is adhering to internal policies or external regulations, e.g., chart reviews, timeline adherence, turnover information, etc.

To gather and organize this information:

- ❖ Meet with your staff members to determine what data they have,
- ❖ Make a list of all the data that your staff identifies, and
- ❖ Review the data and determine:
  - ◆ What is it telling you,
  - ◆ Is it useful to determine the quality of your services,
  - ◆ How often is it collected,
  - ◆ Who collects the data and who submits it,
  - ◆ Where does it go,
  - ◆ Is the data aggregated, and
  - ◆ Is the data analyzed to determine patterns and trends?

### **Identify Needed Data**

Your organization's performance indicators, administrative and management data needs, and policies and procedures will influence the information you need to collect. State program offices or licensing standards may also determine what you collect within your organization.

In the preceding step, you identified what data you currently collect. Next you will:

- ❖ Make a list of what information and data you need,
- ❖ Compare the list of needed data with the list of currently collected data, and
- ❖ Determine what data is missing – where there are gaps.

Once you have identified the additional data that needs to be collected, you need to decide:

- ❖ How will this information be collected,
- ❖ How will this information be put into a database or alternative format that supports analysis, and
- ❖ How will the data be used?

Other considerations as you develop data sources include:

- ❖ **Reliability:** Is your measure reliable; does it measure something consistently?
- ❖ **Validity:** Is your measure valid; does it measure what it is supposed to measure?
- ❖ **Sampling:** Is your sample size large enough to generalize your results within a desired confidence level, and is your sample representative of the population that you want to measure?

When you have accomplished the steps described above, you should have a comprehensive list of all the data that is needed and collected.

## Collecting Data

Now that you have identified the data you currently collect, identified the data you need, and determined how you will collect additional data to fill the gaps, you have the beginnings of a data management system.

You will need to frequently review the information and data that you are collecting and determine if there is a need for:

- ❖ Any changes in the frequency of collection,
- ❖ Any changes in how you collect the data,
- ❖ Any changes in what data is to be collected, and
- ❖ Any revisions to your data sources.

## Aggregating and Analyzing Data

The usefulness of information and data is realized when it is aggregated and analyzed for trends and patterns.

### Aggregating Data

- ❖ What do we mean when we say aggregate data?

The definition of “aggregate” is to gather together in a mass constituting a whole.

- ❖ Why aggregate data?

By aggregating data, you can more easily identify areas that are not distinctive but more generally affect the quality of your services. When you look at individual data (e.g., one critical incident report for a person), you respond to the immediate safety needs and initiate strategies to reduce the chance of a similar incident occurring in the future for that person. However, if several similar types of critical incidents are occurring for several of the people you support, you will need to take a more comprehensive approach, such as developing staff training programs or changing policies and procedures to prevent these types of critical incidents from reoccurring.

## Analyzing Data

- ❖ What is data analysis?

Data analysis means to process information or data that has been collected in order to draw conclusions. It involves systematically applying logical or statistical techniques to describe, summarize, and compare data using narratives, charts, graphs, or tables. Analyses often involve looking for trends and patterns.

- ❖ What do we mean when we say we are looking for trends and patterns in the data?

Trending means examining data over time to identify general drift or tendencies for increases or decreases in the data. For example, have mortality rates been decreasing or increasing over the past several years?

When we look for patterns, we are looking for relationships. For example, are people reporting less satisfaction with availability of medical services in the rural areas that you serve as compared to the urban areas? Are there differences in satisfaction with your services depending upon which staff members people interact with?

Another important factor to consider as you are analyzing your data for patterns is convergence of data, that is, looking for common themes among different data sources. For example, if survey data show that people are not satisfied with your services, what does the data on staff turnover, attendance, staff training, and complaints look like?

A process that may be used to help you identify underlying factors that have contributed to or have directly caused a major adverse event or systems failure is called Root Cause Analysis (RCA). A detailed description of everything that happened before, during and immediately after the adverse event occurred forms the initial stages of the RCA. Flowcharts may be used to provide visual illustrations of the interrelationships between the activities of



the various organizational units that may have had any involvement with the incident under study. This is followed by brainstorming to identify factors that may have influenced or contributed to the incident and a rigorous process of classifying and prioritizing these factors to identify the true root cause. Additional time is then spent identifying possible solutions, resulting in the selection of those solutions that appear to be the most effective and cost efficient.<sup>1</sup>

## Assessing the Quality of Your Services

After you have analyzed your data, identify those things that you do well and those areas that need improvement. List these and compare the lists to determine if there are conflicts between the lists. If there is a conflict, continue drilling down to figure out why. The reason may be due to:

- ❖ The way data is collected or reported,
- ❖ The reliability or validity of one or more of the measures, or
- ❖ The sample selection methodology for one or more of the measures.

If any of the above reasons is affecting your results, review your processes for gathering data and the types of data being collected and possibly make adjustments.

Now, examine the list of the areas needing improvement. Prioritize these according to:

- ❖ Mission and vision of your organization,
- ❖ Safety and well being of the people in services, and
- ❖ Expectations and desires of your stakeholders.

As you are prioritizing, also consider:

- ❖ Availability of resources to improve performance in each area,
- ❖ Time it will take to realize improved performance, and
- ❖ Benefits derived to your organization and to the people that you support.

Once the prioritization is completed, you can decide which areas you will address in your Quality Enhancement Plan.

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<sup>1</sup> Steven D. Staugaitis, Ph.D., "Root Cause Analysis," March 2002, pp. 3-6.

## RESPONDING

In the preceding section, you learned about your current data system and you prioritized opportunities for improvement. Now it is time to design your Quality Enhancement Plan.

### Developing a Quality Enhancement Plan

The Quality Enhancement Plan is a valuable tool that:

- ❖ Provides a systematic, organized way to focus efforts on improvement of processes,
- ❖ Specifies desired outcomes, both on the participant level and the organizational level,
- ❖ Assists staff in identifying and concentrating on actions needed for improvement, and
- ❖ Provides a mechanism to communicate service delivery expectations.

As you develop your Quality Enhancement Plan, you will need to answer the following questions:

- ❖ Where are we now?
- ❖ Where do we want to be?
- ❖ How are we going to get there?
- ❖ When will we get there?

### Writing Goals, Objectives, Action Plans, and Benchmarks

#### Components

Your Quality Enhancement Plan should include the following components:

- ❖ Goals
- ❖ Objectives
- ❖ Activities / Action Plans
- ❖ Benchmarks

#### Goals

Goals are related to the mission and vision statements and are based on the services that the organization provides. They are written in broad, general terms and project an “ideal.” Goals are not specific or measurable. For example, “Our waiver participants

will be healthy.” Goals are not the continuation of what already exists, but rather express what the organization hopes to bring about through its quality enhancement activities.

## Objectives

Objectives are the stepping stones that assist you in realizing your goals. They are the “how to” of goal achievement. They are the realistic targets for the organization. Objectives are written in an active tense and use robust verbs such as “plan,” “write,” “conduct,” “produce,” as opposed to “learn,” “understand,” “feel.” They will always answer the following question: Who is going to do what, when, why, and to what standard? For example, an objective for the goal above might be: By June 2009, our organization will have a 10% reduction in the number of hospitalizations for preventable conditions.

One tool that can be very helpful in writing objectives is the **SMART** Objectives acronym. This acronym encompasses five important elements to develop sound, valid, and meaningful objectives.

1. **Specific** – What exactly are we going to do and for whom?

The program states a specific outcome, or a precise objective to be accomplished. The outcome is stated in numbers, percentages, frequency, reach, scientific outcome, etc. The objective is clearly defined.

2. **Measurable** – Is it measurable and can we measure it?

The objective can be measured and the measurement source is identified. If the objective cannot be measured, the question of the cost of non-measurable activities must be addressed and considered relative to the size of the investment. All activities should be measurable at some level.

3. **Achievable** – Can we get it done in the proposed timeframe and in view of political, financial, and organizational constraints?

The objective or expectation of what will be accomplished must be realistic given the organizational capacity, time period, resources allocated, etc.

4. **Relevant** – Will this objective lead to the desired results?

The outcome or results of the objective directly supports the outcomes of the organization's long range plans or goals.

**5. Time-framed – When will we accomplish this objective?**

The target date for achieving the objective must be clearly stated. This will give you the capability to organize your quality activities and efforts around process improvement.

**Activities / Action Plans**

After you have identified your objectives to achieve your goals, identify one or more activities (and action plans for each activity) to address each objective. These activities and action plans will:

- ❖ Tell how the objective will be achieved,
- ❖ Be specific and detailed,
- ❖ List exactly what needs to be done,
- ❖ Include target completion dates, and
- ❖ Identify the person(s) responsible to implement each action step listed.

Activities and action plans explain exactly how you are going to achieve your objective. For example, to reduce hospitalizations for psychiatric stabilization, you might have several activities – developing protocols, training staff, developing tracking mechanisms, etc. The action plans for each activity will identify who does what and in what sequence.

**Benchmarks**

As you write your plan, you will include benchmarks to enable you to compare progress toward achieving your benchmark (where you want to be) as compared to a baseline (where you are now). Benchmarks will be utilized to evaluate the effectiveness of your actions. This evaluation of the achievement of your objectives is critical to the success of your Quality Enhancement Plan. How else will you know that your activities and action plans have produced the desired result?

## Selecting and Prioritizing Quality Enhancement Projects

Tips for selecting quality enhancement projects include:

- ❖ Obtain ideas from your staff and stakeholders on potential quality enhancement projects that could impact your organization's performance in areas prioritized for improvement.
- ❖ As you evaluate potential quality enhancement projects, take into consideration consistency with your organization's mission and vision and with the expectations and desires of your stakeholders.
- ❖ As decisions are made about projects under consideration for inclusion in your Quality Enhancement Plan, also take into account: 1) the anticipated impact of each project under consideration on the quality of life of people receiving services and the quality of care provided by your organization and 2) the resources and amount of time needed for implementation.
- ❖ Recognize that improvements in administrative processes show quicker returns than improvements in the more "clinical" supports and services.
- ❖ Beware of superficial change such as training programs with low content or new forms to document the same old process.
- ❖ Know that quality enhancement objectives that concentrate on improving a process using a demonstrated technique may be more effective and efficient than designing a new process using an unproven technique.
- ❖ Ensure that the improvement fits into the existing workflow and is a realistic strategy.

Your Quality Enhancement Plan will provide a process to systematically identify opportunities for improvement and to resolve problems. It will also provide means to detect small or developing problems and fix them before they get out-of-hand and to detect potential problems and institute actions to prevent them from occurring at all. In the next section, you will learn how to implement your Quality Enhancement Plan.

## IMPLEMENTING

A plan is just a piece of paper unless the activities and action steps on the plan are actually implemented. An integral part of your Quality Management Strategy is evaluating implementation fidelity (i.e., are you doing what your plan said you would do?) and plan effectiveness (i.e., are you achieving your desired results?).

### Implementing Your Quality Enhancement Plan

As you begin the implementation phase, the strategic planning for quality enhancement has been completed – quality has been defined by all stakeholders, outcomes have been prioritized, and performance indicators have been selected. The data collection process has been organized. Goals, objectives, activities and action steps, and benchmarks for quality enhancement have been developed.

#### Purposes

Implementation of a quality enhancement initiative has two purposes.

- ❖ The first purpose is to improve current or create new processes which will result in improved performance on quality outcomes.
- ❖ The second purpose, which is equally important, is to begin and maintain a culture of quality improvement in your organization.

Thus, each quality enhancement activity is also a demonstration project to show that quality enhancement works, how quality enhancement works, why quality enhancement works, and what benefits may be achieved through quality enhancement activities.

#### Costs and Benefits

An organization's management should be aware that implementation of a quality improvement initiative may take several thousand dollars of training resources, employee time, and other capital investments. However, the return on investment for quality activities has been shown repeatedly to be four to five times the value of the investment. The improvement usually takes months to years to demonstrate the cost savings; the overall change in organizational culture is often a ten (10) year project. So, be patient in reaping the benefits of your efforts to create and maintain a quality enhancement process.

## EVALUATING

Evaluating involves monitoring the implementation of the Quality Enhancement Plan and determining the effectiveness of the Quality Enhancement Plan.

### Evaluating Fidelity of Implementation of Your Plan

“Evaluating fidelity of implementation” of your plan is just a fancy way of saying “are you doing what you said you would do?” Are the activities and actions occurring as specified in your Quality Enhancement Plan? Are you meeting your timelines? Are you collecting data so that you can measure your progress toward meeting the goals and objectives that you have established?

For each quality enhancement activity, the person identified on the plan as being responsible for overseeing implementation will be required to periodically provide a status report on implementation of the various action steps. A rollup of the status reports for all current activities will be provided to management and communicated to all stakeholders so that they may be kept abreast of the implementation status of the various quality enhancement activities designed to improve performance for the goals and objectives within your Quality Enhancement Plan.

### Evaluating Effectiveness of Your Plan

Monitoring is used to answer the question "how are we doing?" specifically "are we doing better since implementing the improvement?" Bar charts, graphs, or other statistical processes are used to analyze data collected to monitor the quality enhancement intervention. Satisfaction surveys are usually analyzed using percentages, but "stories" and narrative comments are also valuable data. You will evaluate progress toward achieving the goals and objectives in your Quality Enhancement Plan and overall improvement in your performance indicators.

Organizations will use the data management process to evaluate progress toward achieving objectives. Achieving objectives will lead to goal attainment, which in turn will result in increased quality of service delivery. As well, feedback from people in services, their families and other stakeholders will be needed to assure that the plan is effective and that it is enhancing service delivery.

If your evaluation shows that the activities and action steps within your Quality Enhancement Plan are not feasible or that they are not achieving the result that you expected, you will need to revise your Quality Enhancement Plan. You may find that your Quality Management Strategy needs to be modified to include new discovery methods, data collection and analysis processes, remediation mechanisms, or quality enhancement design changes. Therefore, the next section explores reviewing and updating your Quality Enhancement Plan and Quality Management Strategy.

## Reviewing and Updating Your Quality Enhancement Plan

To be effective in today's environment, the quality strategies of organizations must be dynamic. Quality enhancement goals and objectives and quality management strategies must be continuously reviewed and updated. Data on your performance indicators must be continuously reviewed and updated. How often data is analyzed and reviewed will depend upon many factors. Licensing data is generally available annually but data from an internal review of performance on licensing standards may be available quarterly. Critical incident data may be reviewed monthly. Review of infrequent events, such as deaths, may occur immediately after the event has occurred. As you review the reports of trends and patterns, you are looking for potential areas to initiate quality enhancement goals and objectives.

Your Quality Enhancement Plan will not an "annual" plan; it will be a plan that is continuously updated to include new quality enhancement projects as needs or opportunities arise. Each quality enhancement activity will remain in your plan for as long as it takes to implement the activity and to assure the effectiveness of the activity in improving performance; this may be for several months or it may be for several years. Details of the plan (e.g., specific action plans, target dates, etc.) will be altered if needed. Projects that prove to be ineffective will be reconsidered. New goals, objectives, and activities will be added, as appropriate.

## Reviewing and Updating Your Quality Management Strategy

At least annually, you will evaluate your Quality Management Strategy. This evaluation includes, but is not limited to, the following questions:

- ❖ Do we need to revisit our Outcomes and Performance Indicators?
- ❖ Is our Quality Council working for us? Do we need to modify its functions, change membership, or alter frequency of meetings?
- ❖ Is our quality infrastructure within our organization effective? Do we need make any changes to better support staff in their various responsibilities related to the provision of quality services to the elderly and people with disabilities?
- ❖ Are our discovery methods effective in providing us with the information we need to manage our organization and provide quality services?
- ❖ Do our information technology systems meet our needs or do we need to update our systems?



- ❖ Do we need to make any changes in the data reporting, analysis, and review processes?
- ❖ Are our remediation and quality enhancement processes effective? Do we need to change anything?

These reviews and revisions of your Quality Enhancement Plan and Quality Management Strategy will enable your quality efforts to evolve over time so that your organization will be prepared to meet new challenges and opportunities as they arise.

## SUMMARY

This handbook describes how to develop and update your Quality Management Strategy and Quality Enhancement Plan.

- ❖ The outcomes and performance indicators that your organization develops will depend upon: the vision, mission, values, and guiding principles of your organization; input received from your stakeholders; and emergence of new proven and promising practices in your field.
- ❖ The specific discovery methods or information technology systems you use will be different from organization to organization and will certainly change over time within an organization; and sometimes, external factors, such as licensing regulations or funding requirements, may impact what data you collect and how often you collect the data.
- ❖ Finally, the goals, objectives, or activities you include in your Quality Enhancement Plan will be based upon your analysis of your performance data, that is, your perceived needs and opportunities for improvement.

This handbook was developed to provide you with guidance so that your quality efforts will prove effective in helping your organization to efficiently provide people who are elderly and people with disabilities with quality supports and services which enable them to achieve their personal outcomes and goals.

## RESOURCES

[http://www.hsri.org/docs/QF\\_RootCauseAnalysis.doc](http://www.hsri.org/docs/QF_RootCauseAnalysis.doc)

Written by Steven Staugaitis, the guide provides an overview of root cause analysis adapted to address some of the unique issues and concerns found in support systems that assist individuals with cognitive and other developmental disabilities.

[http://www.hsri.org/docs/QF\\_sampleguide.pdf](http://www.hsri.org/docs/QF_sampleguide.pdf)

This is a user-friendly, step-by-step approach to explaining sampling, identifying alternatives among different sampling techniques, and understanding how to use these techniques for specific purposes in a quality management strategy.

[http://www.cms.hhs.gov/HCBS/downloads/7\\_workbook.pdf](http://www.cms.hhs.gov/HCBS/downloads/7_workbook.pdf)

Improving the Quality of Home and Community Based Services and Supports is a workbook created by the Muskie School of Public Service to help state waiver managers assess and improve quality management processes.

[http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf/sectionthree/support\\_provider\\_quality#check](http://nps718.dhs.vic.gov.au/ds/disabilitysite.nsf/sectionthree/support_provider_quality#check)

This is a link is to an Australian organization that has developed QM tools and concepts expressly for disability providers. It contains a few self-assessment charts.

[http://www.hcbs.org/moreInfo.php/nb/doc/1239/Quality\\_Management\\_in\\_the\\_Quality\\_Cycle](http://www.hcbs.org/moreInfo.php/nb/doc/1239/Quality_Management_in_the_Quality_Cycle)

Wisconsin's Quality Management Cycle - an educational piece that could be used to train staff and the public generally about quality management terms and principles.





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