
CRITICAL QUESTIONS WORKBOOK

Section VI Sample Helpful Forms



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Critical Questions Workbook

Section VI

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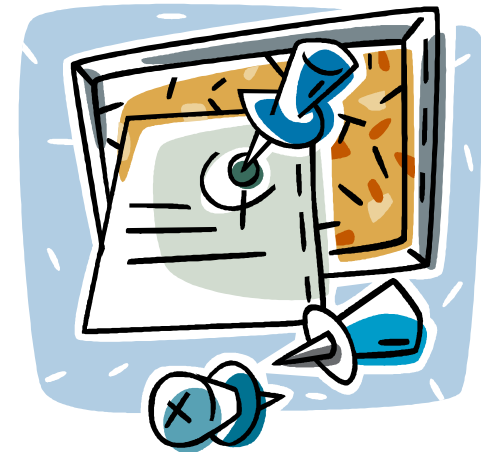
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Introduction

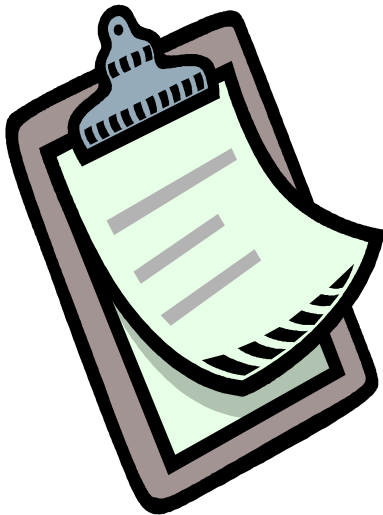
Instructions for Quality Assurance Coordinators:

The following pages include:

- Summary of Desired Outcomes. These pages are optional worksheets to assist the Quality Assurance Committee to summarize their work on reviewing performance related to Desired Outcomes. These forms may be useful to Quality Assurance Coordinators alone or for Committee members. Quality Coordinators may choose to give these pages to each committee member at the time that the committee is ready to perform these tasks, or put some of the information on a flipchart or whiteboard. For example, copying the Summary of Desired Outcomes onto a flipchart or whiteboard may work very well for the committee to see the overall pattern of scores. If Committee members rated each Desired Outcome individually, then the full group will need to reach consensus on the overall rating. This may be done by recording each individual's score on the Summary sheet, then discussing disagreements to arrive at a consensus rating.
- Do We Need to Target this Goal? This worksheet provides a way for the Committee to document its decision regarding whether it needs to target a particular Goal for improvement. The form may serve as a guide for a process to use after reviewing all of the Desired Outcomes for a Goal to help the Committee clarify their decision on the status of the Goal. You will need to enter the number and title of the Goal into the appropriate space on this form.



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- Defining a Project. This worksheet should be used if the Committee has determined that they should target a Goal for improvement at this time. The worksheet asks which Desired Outcome (or other aspect) will be the focus of the project, the type of project, how the committee will know if the project is successful, and specific information on how the project will be carried out.
 - State Plan/Report Format #1 and #2. These formats have been used by SPD in reporting to Centers for Medicare and Medicaid Services (CMS). Neither is a required format for CDDPs. These are offered as other examples for formats to use to document recommendations of a Quality Committee. They also may be used as formats for Quality Assurance Plans or Work Plans.




- Quality Assurance/Quality Improvement Plan Detail. This form is useful for defining more specific detail about how a Quality Component will be carried out. For example, it could be used to define how files will be sampled or which CDDP records will be summarized related to a particular Desired Outcome and Quality Component.
- Quality Improvement Indicator Review. This format and samples were provided by Columbia County. They write these indicator reviews monthly, and use them as a format for reviewing QA results with their committee. Only a few of the indicator reviews that they do are included in these samples. If corrective actions are noted, they follow-up with a report on them the following month.

Summary of Desired Outcomes

Critical Question 1: Waiver Participant Health and Welfare

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Individuals live in safe physical environments.					
	Desired Outcome 2: Individuals are protected from abuse.					
	Desired Outcome 3: Grievances and complaints are resolved in a timely fashion.					
	Desired Outcome 4: Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.					
	Desired Outcome 5: There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.					
	Desired Outcome 6: There are safeguards in place to protect and support participants in the event of natural disasters and other public emergencies.					
	<i>Count the number of Xs in each column</i>					
	Overall Result					


		(Put a star in the column representing the overall rating for this Critical Question)					
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Summary of Desired Outcomes

Critical Question 2: Developing, Monitoring, and Reviewing Plans of Care

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.					
	Desired Outcome 2: Individuals freely choose between waiver services and institutional care, and among waiver services and providers.					
	Desired Outcome 3: Individuals receive services required to meet needs.					
	Desired Outcome 4: Individuals are satisfied with plans and outcomes.					
	<i>Count the number of Xs in each column</i>					


	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					
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Summary of Desired Outcomes

Critical Question 3: Services Provided by Qualified Providers

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.


Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Individual and agency providers are qualified to provide waiver services.					
	Desired Outcome 2: Staff of agency providers receive training to provide waiver services.					
	Desired Outcome 3: Service Coordinators possess skills, competencies, and qualifications to provide waiver services.					
	<i>Count the number of Xs in each column</i>					
	Overall Result					

		(Put a star in the column representing the overall rating for this Critical Question)					
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Summary of Desired Outcomes

Critical Question 4: Determining Level of Care Need


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Level of care assessments are completed accurately and on time.					
	Desired Outcome 2: Level of care assessments are completed by qualified persons.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 5: State Administrative Authority over the Waiver


Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Providers of home and community-based waiver services receive information regarding Medicaid-specific requirements.					
	Desired Outcome 2: Individuals are informed of, and exercise, the right to due process associated with waiver services.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Summary of Desired Outcomes

Critical Question 6: State Financial Accountability

Indicate the dates on which Desired Outcomes were reviewed by the Committee, and mark an X in the appropriate column representing its condition. Critical Questions and outcomes with the lowest overall ratings should be considered as possible targets for improvement projects.

Dates Reviewed	Desired Outcomes	Don't Know	Exceeds Standards	Meets Standards	Needs Improvement	Priority Problem Area
	Desired Outcome 1: Expenditures for waiver services are accurately and appropriately assigned and reported.					
	<i>Count the number of Xs in each column</i>					
	 Overall Result (Put a star in the column representing the overall rating for this Critical Question)					

Do We Need To Target this Goal?

Use this form to document the decision made by the Committee regarding whether they need to target a Goal for an improvement project. The form may serve as a guide for a process to use after reviewing all of the Desired Outcomes for a Goal to help the Committee clarify their decision on the status of the Goal. You will need to enter the number and title of the Goal into the appropriate space on this form.

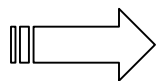
Goal #__:

Overall Current Status: Based on a review of data and the opinion of the local Quality Assurance Committee, we believe that in our county, on this Goal, overall, we are in the following condition:

- Don't Know (Need additional information)
- Exceeds Standards
- Meets Standards
- Needs Improvement
- Priority Problem Area

Do We Need to Target this Goal—or one of the Desired Outcomes in this Goal--for Improvement? (Note: If any consensus Committee scores fell in the Priority Problem Area range, it is strongly recommended that the Committee target that area for improvement at this time.)

- Yes
- Yes, but at a later time
- No, not at this time.



If you responded “No,” skip the next page (“Defining a Project”) and move on to the next critical

question.

Defining a Project: Goal #_____

If the Committee has determined that an improvement project is needed, then use this worksheet to guide the decisions that should be made to define that project more clearly.

If we need to target this goal, what aspect of this goal will we target?

- Desired Outcome #_____:
- Data system related to an above outcome
- Other:

Specifically, we will target (Project Objective): _____

What kind of project will it be?

- Design/Development Project--Develop a new system or process, e.g., a form for collecting, a method to report compiled data, a protocol for carrying out a Quality Component
- Remedy Project—Address an aspect of this Goal that falls in the “Priority Problem Area” or “Needs Improvement” range
- Quality Improvement Project—Address an aspect of this Goal that falls in the “Meets Standards” or “Exceeds Standards” range

How will we know that the project is successful? (How will we measure success? What do we want to accomplish?) _____

How will we carry out that project? (E.g., in committee meetings, a special work group, CDDP staff; What will we need to do? What resources will we need? Time frame?): _____

State Plan/Report Format #1

Goal: Home and community-based waiver 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 in the community.

SAMPLE
*This sample is drawn from SPD’s
 “Quality Management Plan
 Development and Implementation”
 for Support Services (03/04)*

Desired Outcomes:

1. Information concerning each participant’s preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.
2. Individuals freely choose between waiver services and institutional care, and among waiver services and providers.
3. Individuals receive services required to meet needs.
4. Individuals are satisfied with plans and outcomes.

Desired Outcome #	QA Component Reviewed	Review Frequency	Data presented for review, with observations, recommendations, outcomes
1	1.1 5% sample of individual plans---review quality of assessment and corresponding plan development.	Semi-annual	
2	2.1 5% sample of individual files—offer of waiver vs. institutional choice documentation information re: individual choice of services.	Semi-annual	
	2.2 5% sample of individual files---review of choice of services during plan development	Semi-annual	

State Plan/Report Format #1

Goal:

Desired Outcomes:

Desired Outcome #	QA Component Reviewed	Review Frequency	Data presented for review, with observations, recommendations, outcomes

State Plan/Report Format #2

Section 2. Developing, Monitoring, and Reviewing Plans of Care

SAMPLE
*This sample is drawn from
 SPD's QA Work Plan for
 Support Services (10/04)*

Goal: Home and community-based waiver 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 in the community.

Desired Outcome #1: Information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized plan.			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
1.1 5% sample of individual plans—review quality of assessment and corresponding plan development.	Review summary of 2004 5% Field Review at 12/04 SIG meeting		
	Select indicators and performance thresholds by 2/1/05 (see detail sheet)		
2.2 5% sample of individual files---review of choice of services during plan development	Review summary of 2004 5% Field Review at 12/04 SIG meeting		
	Select indicators and performance thresholds by 2/1/05		

State Plan/Report Format #2

Section:

Goal:

Desired Outcome # :			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date

Quality Assurance Quality/Improvement Plan Detail

- I. Area of Inquiry:

- II. QA/QI Indicator:
 - 1. QA/QI activity
 - 2. Frequency of QA/QI activity:
 - 3. Sampling methods:
 - 4. How data will be collected:
 - 5. Person responsible for QA/QI data collection:
 - 6. Acceptable threshold of performance:

Date adopted by QA Committee: _____

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. Date: February 2005
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County's "QI Report" (02/05)

ASPECT OF CARE/SEVICE: Administrative Charting			
INDICATOR: All Title XIX waivers and ISP's will be reviewed annually. Reviews of both of these documents will take place within a period of 365 days. If deadline is not met, a progress note will be written explaining why the deadline was missed.			
RATIONALE FOR INDICATOR: Assure all information is current and we are in compliance with HCFA (Medicaid) standards/requirements.			
THRESHOLD: 100%			
FREQUENCY OF REPORTING: Monthly			
METHOD OF MONITORING INDICATOR	<u>YES</u>	<u>NO</u>	COMM ENTS
1) Review charts due for Title XIX review for the respective month. Title XIX Waiver current and reviewed?	X		6 out of 6 were reviewed = 100%
2) Progress Note entry for waiver review?	X		6 out of 6 were completed = 100%
3) Was review completed within annual month of review?	X		6 out of 6 were completed = 100%
4) If not, is a progress note in place explaining why?		X	N/A
5) Review charts due for ISP review for the respective month. Was the review completed?		X	6 out of 7 were completed = 90%
6) Progress note entry for ISP?		X	6 out of 7 were completed = 90%
7) Was review completed in 365 days or less?		X	6 out of 7 were completed = 90%
8) If not, is a progress note in place explaining why?		X	
CORRECTIVE ACTION TAKEN:			
Case manager was notified and reminded of importance of timeliness regarding completion of ISP reviews.			

COMMENTS:

New QA Coordinator will assist in ensuring completion of reviews by alleviating many of the QA responsibilities previously taken on by program staff.

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County's "QI Report" (02/05)

ASPECT OF CARE/SERVICE: Customer Satisfaction			
INDICATOR: Clients, family members of clients, providers, and community partners will be satisfied with D.D. funded services.			
RATIONALE FOR INDICATOR: Assure quality services.			
THRESHOLD: 75% Satisfaction of those surveyed			
FREQUENCY OF REPORTING: Annually.			
METHOD OF MONITORING INDICATOR	<u>YES</u>	NO	COMMENTS
1) 50 Satisfaction Surveys given or mailed to <ul style="list-style-type: none"> • Clients • Family members of clients • Providers • Community partners 	X	X	
CORRECTIVE ACTION TAKEN: 351 surveys were mailed out to clients, families, advocates, group home staff, professional colleagues and collaborators the first week of January, 2005.			
COMMENTS: QA Coordinator currently collating data and will present initial results in March.			

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

SAMPLE

This sample is drawn from Columbia County's "QI Report" (02/05)

ASPECT OF CARE/SERVICE: Incident Reporting			
INDICATOR: County will report all incidents that meet SERT standards to SPD per SERT policy and procedures in a timely manner.			
RATIONALE FOR INDICATOR: SPD requires that County report all Serious Events to State via SERT system that meet SERT standard for reporting.			
THRESHOLD: 100%			
FREQUENCY OF REPORTING: Monthly			
METHOD OF MONITORING INDICATOR	<u>YES</u>	<u>NO</u>	COMMENTS
1) Incident Reports reviewed?	X		130 total 3 reported
2) Incidents reported to Serious Events Review Training (SERT) Data base?	X		
3) Incident Reports referred for Protective Services?		X	none
CORRECTIVE ACTION TAKEN: County will monitor timeframe contract providers submit incident reports and will recommend corrective action as needed if ongoing problem.			
COMMENTS: 130 incidents were reported this month. There were 3 incidents requiring SERT entry. None referred for PSI.			

QUALITY IMPROVEMENT INDICATOR REVIEW

Department: Developmental Disability Dept. **Date: February 2005**
Person(s) Responsible: _____, Program Manager; _____, Quality Assurance Coordinator;
_____ , Case Manager; _____, Case Manager; _____, Administrative Support.

ASPECT OF CARE/SERVICE:			
INDICATOR:			
RATIONALE FOR INDICATOR:			
THRESHOLD:			
FREQUENCY OF REPORTING:			
METHOD OF MONITORING INDICATOR	<u>YES</u>	<u>NO</u>	COMMENTS
CORRECTIVE ACTION TAKEN:			
COMMENTS:			

