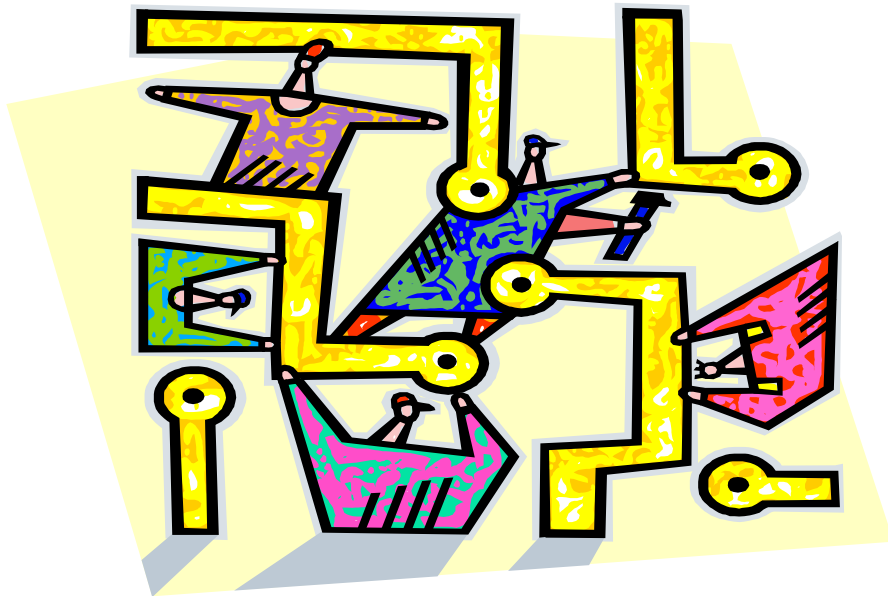

Local Quality Assurance Resource Manual



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Local Quality Assurance Resource Manual

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Preface

The *Local Quality Assurance Resource Manual* is intended for use by local Quality Assurance (QA) Coordinators and others to assist them in working to develop a “local quality assurance system” as required by Oregon Administrative Rule and contract. The manual, therefore, includes chapters to assist with many of the elements required of CDDPs.

Chapter 1	Quality Program Overview
Chapter 2	Quality Assurance Plan
Chapter 3	Quality Assurance Committees
Chapter 4	Compiling, Analyzing and Presenting Data
Chapter 5	Measuring Customer Satisfaction
Chapter 6	Improving Quality

The *Critical Questions Workbook*, a separate manual also available through SPD, offers suggestions for identifying appropriate measures, as well as working with Committees to review data and define improvement strategies.



Both documents are based on Oregon Administrative Rule and are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this Resource Manual. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the state’s current Quality Assurance Plan.

The Resource Manual is a product of the Research and Evaluation contract between the University of Oregon’s Educational and Community Supports Unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This manual presents some of the quality assurance requirements, as well as items that are not specifically required but offered as suggestions or examples. As such it does not necessarily reflect the policies and procedures of the office of Seniors and People with Disabilities.

Acknowledgements

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Both have always responded quickly and with great thoughtfulness whenever asked to review pieces of this manual. Their feedback and suggestions have resulted in important changes to the content of the Resource Manual.

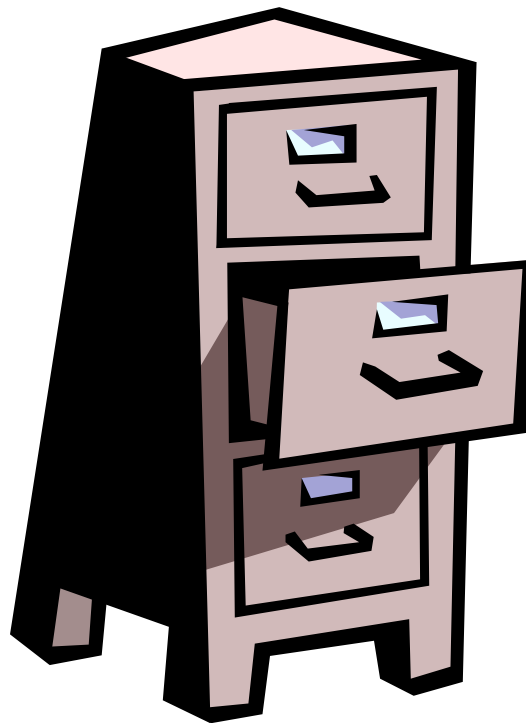
In addition, we would like to thank all of the Quality Assurance Coordinators from across the state of Oregon who have given feedback on previous drafts, shared ideas and samples, and discussed their challenges related to developing their local quality programs.



Local Quality Assurance Resource Manual

Chapter 1

Introduction: Local Quality Assurance Program



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the State's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Introduction: Local Quality Assurance Program

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INTRODUCTION

LOCAL QUALITY ASSURANCE PROGRAM

Objective: Provide an overview of the requirements for county quality assurance programs and this Resource Manual.

Requirements: Both the Oregon Administrative Rule for CDDPs **411-320-40 Community Developmental Disability Program Responsibilities (08/03/04)** and the State's Quality Assurance Plan require a County Quality Assurance Program. The complete OAR section on Local Quality Assurance Program is included at the end of this chapter.

BACKGROUND INFORMATION ON LOCAL QUALITY PROGRAMS



In applying for a waiver to allow the State to use federal Medicaid funds to support particular services, the State must make certain assurances. The State described their plan to meet these assurances in the State's "Quality Assurance Plan"—which is updated periodically. Once the waiver is granted, the State must document to the federal government that these assurances are being fulfilled. Having a system of local Quality Assurance Programs—including the work accomplished by local Quality Assurance Coordinators and Quality Assurance Committees—is one way that the State has to demonstrate performance on the assurances. However, while Seniors and People with Disabilities (SPD) must do things to meet requirements to use federal Medicaid funds, the expectations related to Quality Assurance included in the Oregon Administrative Rules are that ALL services, not just waiver services, are included in the local Quality Assurance program.

ASSURANCES

The required assurances are the basis for the six goals — of the SPD Quality Assurance Plan:

- Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 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.
- All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.
- Each individual's need and eligibility for home and community-based waiver services are assessed and determined promptly and accurately.
- The Department carries out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services.
- The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based waiver service levels.



Each of these goals also has from one to six desired outcomes. For example, there are two Desired Outcomes related to the Goal of Determining Level of Care Need:

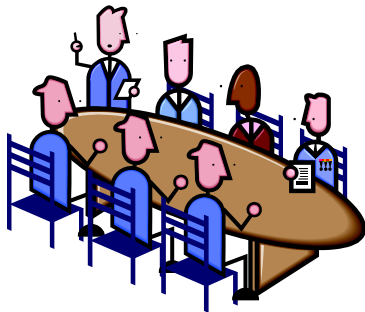
1. Level of care assessments are completed accurately and on time.
2. Level of care assessments are completed by qualified persons.

See Chapter 2 on Local Plans for a full list of desired outcomes.

QUALITY PROGRAM ELEMENTS

Seniors and People with Disabilities expects that Community Developmental Disability Programs (CDDPs) will perform activities that directly support the Department's goals and desired outcomes. In addition, they expect CDDPs to demonstrate management of service quality by evaluating performance information and adjusting practice as indicated by the data. Thus, the County Quality Assurance (QA) Program must have at least the following major elements:

- 1) A written **Quality Assurance Plan** that is updated at least annually that describes activities and Quality Components undertaken by the CDDP to assure quality. Chapter 2 in this Resource Manual focuses on the development and maintenance of the Local Quality Assurance Plan.
- 2) **Policies and procedures** that guide the implementation of the plan. The following section provides information and a sample of policies and procedures.
- 3) **Quality Assurance staff** who meet minimum qualifications in the Rule (or exceptions approved by SPD).



- 4) A **Quality Assurance Committee**, with specified membership, that reviews and comments on several specified items. Chapter 3 offers suggestions on forming and working with local Quality Assurance Committees.
- 5) **Quality Components** through which CDDPs observe and record aspects of service quality. These components are discussed briefly below, and in more depth in Chapter 2 on Local Quality Plans.
- 6) **Records** of data and information, conclusions and recommendations, findings, corrective actions, and the impact of corrective actions, reviewed at a CDDP policy level. Chapter 4 focuses on Compiling, Analyzing and Presenting Data.
- 7) **Actions taken to improve performance** as a result of information reviewed. This may include corrective actions identified through licensing or certification reviews, follow-up on SERT incidents, or other sources. However, they also may include larger systems projects, in which the CDDP staff or QA Committee studies an issue or pattern that they have observed, and determines how to improve performance in that area. Chapter 6 provides some guidelines for carrying out a systematic quality improvement project.

The *Critical Questions Workbook*, a separate manual also available through SPD, offers suggestions for identifying appropriate measures, as well as working with Committees to review data and define improvement strategies.

POLICIES AND PROCEDURES

An important element of the Local Quality Program is the presence of a set of CDDP policies and procedures needed to implement the local QA plan. Policies should define the overall purpose and scope of a particular aspect of the Quality Program, and should follow the general format of other CDDP policies governing the program. Procedures, however, need to be much more specific.



Counties vary widely in how they are developing policies. At least one county has a policy statement on Quality Assurance that simply reads, “The XYZ County Developmental Disabilities Program will implement and maintain a local quality assurance system in accordance with OAR 411-320-0040, 9(a) through (f).” Other counties have much more detail included in their policies.

Procedures—also sometimes referred to as “protocols”—need to clearly define how CDDP staff members are to carry out a specific quality assurance activity. While the specific format and content of a written procedure varies, a procedure often includes at least some of the following pieces:

- The purpose of the task
- Who is responsible to carry out the task
- How often it is to be carried out
- Guidelines for doing it
- The specific steps clearly described
- Data that are to be collected
- Procedures for compiling and reporting data
- Forms that are to be used
- Documentation that must be maintained and where that is located.



SAMPLE POLICY FORMAT

Lane County Developmental Disabilities Program

Subject: Quality Assurance Policy and Procedures

Purpose: To assure that Lane County Developmental Disabilities Program (Lane DDP) will implement and maintain a local quality assurance system in accordance with OAR 411-320-0040, 9(a) through (f).

Policy: Lane DDP must implement and maintain a local quality assurance system, which will:

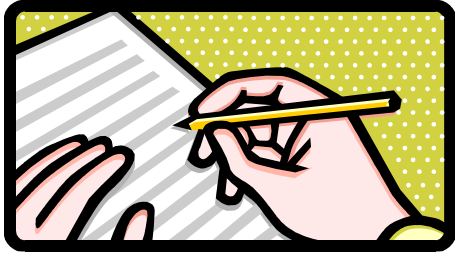
- A. Provide direct support to the Department in implementation of its Quality Plan; and
- B. Work towards generally improving the quality of services by evaluating service delivery and outcomes and adjusting local planning and performance where needed; and
- C. Include all County contracted funded disability services provided within the county, as well as QA activities related to SPD direct contract services as directed by the Department; and
- D. Include, at a minimum, the quality indicators and activities that are to be carried out at the local level according to the most recent edition of the Department’s Quality Plan.

Lane DDP will develop and implement a local Quality Plan and an Annual QA Work Plan, which will:

- A. Describe the major quality assurance activities to be performed by the county. The Annual QA Work Plan describes the major quality assurance activities and quality indicators to be performed in a given calendar year, including the timelines for each of those activities.
- B. Be updated at least annually and whenever significant changes are made. Each year a new Annual QA Work Plan will be developed to identify and prioritize which quality assurance activities will be performed.
- C. The Quality Plan with subsequent updates, and the Annual QA Work Plan will be reviewed by the local quality assurance committee
- D. Lane DDP will maintain data and information documenting implementation of the Quality Plan and the Annual QA Work Plan, and any recommendations that have been drawn from analysis of the information gathered during the implementation of the plans.

Responsibility	Activity
QA Coordinator	1. Will facilitate Lane DDP’s quality assurance process through activities such as the following: (a) Participate in Department sponsored activities..... (b) Draft the Lane DDP Quality Plan and QA Work Plan.... (c) Work with the Lane DDP management team to develop policies and procedures to implement the local Quality Plan and QA Work Plan, as needed (d)...etc
Lane DDP Quality Assurance Committee	1. Committee membership includes....etc. 2. Activities of the committee will include....etc.
Lane DDP Management Team	Lane DDP will take management actions to improve service quality, or to correct deficiencies and poor performance when deficiencies and substandard performance is found in Department-funded DD services that are operated within Lane County. These situations may be resolved through... etc.

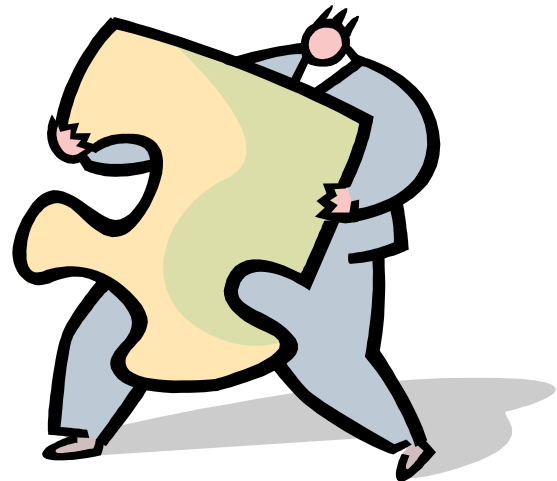
Reference: OAR 411-320-0040



It is useful to attach to the written procedure copies of necessary forms. Some organizations also like to attach a flowchart depicting the process steps visually. All of these parts are not usually needed in a procedure, but a CDDP should use the pieces that help to clearly define how a quality assurance activity will be carried out.

Written procedures ensure that the same methods are used across time when carrying out a quality assurance activity, and that the same methods are used when more than one person is involved with the activity. In large part, “quality assurance” means “measuring quality.” Thus, using a good, reliable method of measuring quality leads to better results, that is, greater accuracy in the picture of quality that the activity will yield. It also supports comparing results across time, to determine if actions taken to improve performance have yielded the desired changes. If the methods used to carry out the quality assurance activity change from one instance to the next, then it is difficult to know if a change in the observed results is due to the change in the quality assurance procedure, or an actual change in the target environment. On the following page is a sample procedure for distributing customer satisfaction surveys related to the intake and eligibility determination process.

Each CDDP may choose the particular format, style, and required specificity for written procedures for quality assurance activities. However, it is useful to have a relatively standard format, with standard items that need to be addressed.



SAMPLE PROCEDURE

Lane County Developmental Disabilities Services

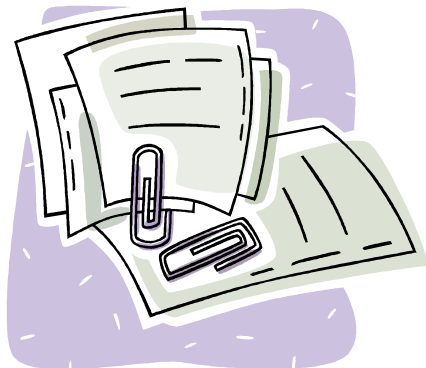
Protocol: Satisfaction Survey for Intake/Eligibility Determination Services

July, 2005

This document defines the standardized procedures for distributing and compiling the satisfaction survey for intake/eligibility determination services

Survey Purpose	<ul style="list-style-type: none">• To gather input from community members who apply for services on their satisfaction with various aspects of the process.• The data will be compiled, analyzed, and used for targeting improvement projects for intake/eligibility determination services, and for measuring whether resulting changes made actually resulted in improvements in customer satisfaction.
Survey Description	<ul style="list-style-type: none">• The survey requests feedback on their satisfaction with their experience in going through the process.
To Whom?	<ul style="list-style-type: none">• Distribute the survey to 100% of individuals who have completed the application process and are sent an eligibility determination letter.• Do not distribute a survey to an individual who is still active in the application process.
When?	<ul style="list-style-type: none">• Include one copy of the survey in the same envelope with the eligibility determination letter.
By Whom?	<ul style="list-style-type: none">• The Intake Worker or staff member who prepares the eligibility determination letter for mailing.
What Survey?	<ul style="list-style-type: none">• The Satisfaction Survey for Intake/Eligibility Determination Services• Use light green paper for individuals who were determined to be eligible (green is for “go”)• Use salmon or yellow paper for individuals who were determined to be ineligible.
Then what?	<ul style="list-style-type: none">• Each day, turn in returned surveys to Tanya, who will arrange for compiling them.
Compiling data	<ul style="list-style-type: none">• Support staff will compile and assist in preparing data for reporting.
Reporting Results	<ul style="list-style-type: none">• At least initially, we will prepare quarterly reports of the data. If the data stabilize, we may shift to a report format on a different time schedule.

QUALITY COMPONENTS



Each Community Development Disability Program (CDDP) is expected to maintain a set of Quality Assurance processes (referred to as “Quality Components”) and documentation related to aspects of each of these Goals and Desired Outcomes. For each component, there are two basic sets of information that a CDDP should maintain:

- 1) Information that describes the extent to which the expected local CDDP Quality Assurance **processes** are in place and functioning to standards.
- 2) Information about the **results** discovered through those Quality Assurance process, i.e., how well our county as a whole is performing related to the Goal and its Desired Outcomes.



Thus, the Quality Assurance Committee, the Quality Assurance Coordinator, and/or other CDDP staff will need to review information about both the status of CDDP processes and the picture of local performance that those processes yield. In each local area, Quality Assurance Coordinators may decide to do this in a different way.

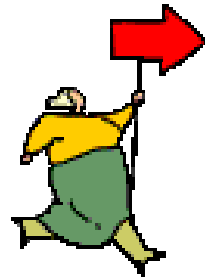
Quality Components include processes such as service coordinator monitoring, SERT, individual file reviews, licensing and certification reviews. Some components are required of CDDPs on an ongoing basis; others are required more intermittently, or as requested by SPD. The following table includes a full list of Quality Components.

Table. Quality Assurance Components
Licensing, certification reviews
SERT
Service coordinator monitoring, inc. annual plan reviews (24-hour res., foster home)
OIT and local investigator information re protective services investigations
PSI investigator training, technical assistance, mentoring
Death reports
Records of individual complaints, inc. contested case as well as other types
Service coordinator and provider training surveys
Individual file reviews (re rights, plans, etc.)
Annual sample file review using HCB Waiver Service Review checklist
Service coordinator plan implementation reviews (Family Support, In-Home Comp)
Employment Outcome reports
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)
Records of provider sanctions and contested case hearings
Direct Care staff turnover records
Special training project records
Records of foster provider training and testing
Individual/family satisfaction surveys
Audits, financial reports, special inquiries/investigations re state or local operations

ROLES AND RESPONSIBILITIES OF LOCAL QA COORDINATOR

Both the OARs and the State QA Plan include information about the role of the Local QA Coordinator. In the 2003-05 biennium, CDDPs received funds from SPD to support the work required by a QA Coordinator. Generally, this must be a full-time person of appropriate rank who meets the minimum qualifications described in the OAR. Alternatives must be negotiated with SPD.

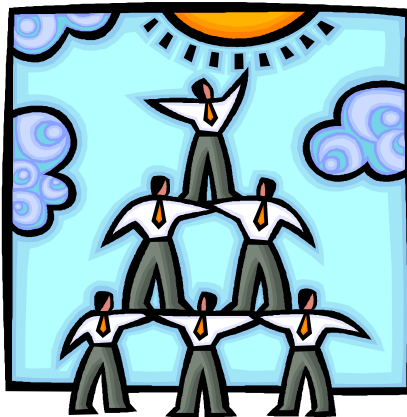
The role of the local QA Coordinator is central to the success of the local quality program. It is the responsibility of the QA Coordinator to ensure that each of the elements of the QA program is in place, either by drafting elements for review, or working with others to design, develop or maintain the specified systems. The QA Coordinator oversees the performance of Quality Components in monitoring the implementation of the local QA Plan, ensuring that needed records are maintained and actions taken to improve performance.



QUALITY ASSURANCE RESOURCES

There are many fine resources related to planning and implementing procedures related to quality assurance and quality improvement. DHS has established a website with links to some of these. Because the website is updated periodically, you should check it occasionally for new information and resources. The address is:

<http://www/Oregon.gov/DHS/SPD/QA/home.shtm>



ORGANIZATION AND STRUCTURE OF THIS LOCAL QUALITY ASSURANCE RESOURCE MANUAL

This Resource Manual is designed to support the work of Quality Assurance Coordinators in developing and improving the major elements of a local Quality Assurance Program. Each chapter follows a similar outline—Each begins with describing the chapter **Objectives** and applicable **Requirements** drawn from the CDDP OARs. The rules included are those files August 3, 2004. Be careful to check the DHS website for updates or changes to the rules. The remainder of the chapter offers **Guidelines and Suggestions** for meeting those requirements. Examples are either built into the chapter or as an appendix at the end of each chapter.

The Resource Manual is divided into six chapters, as follows:

Chapter	Title	Description
1	Introduction: Local Quality Assurance Programs	Overview of elements of local Quality Assurance programs
2	Local Quality Plans	Guidelines for content and format of CDDP Quality plans and organizing work for carrying out the plan.
3	Quality Assurance Committees	Suggestions for how to structure and work with local Quality Assurance Committees, including membership and meeting formats.
4	Compiling, Analyzing, & Presenting Data	Suggestions for building information systems and preparing data for presentation.
5	Measuring Customer Satisfaction	An overview of methods for assessing customer satisfaction, including sample surveys and protocols
6	Improving Quality	An overview of Quality Management, including using corrective actions and continuous improvement.
	Appendix	Glossary

SUMMARY

Assuring quality is important work. You have a critical role in making sure that Oregon continues to meet its promises in providing high quality services to its citizens with developmental disabilities, and therefore continues to receive federal support to do so. This Resource Manual is offered to help you to fulfill this role.

APPENDIX

411-320-40 Community Developmental Disability Program Responsibilities (08/03/04)

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

(Sections deleted)

(9) *Local quality assurance program. Each CDDP must implement and maintain a local quality assurance system in accordance with these rules.*

(a) *QA system purpose and scope. The local quality assurance system will:*

(A) *Ensure the development and implementation of a quality assurance system by:*

(i) *Providing direct support to DHS in implementation of its quality assurance (QA) plan; and*

(ii) *Generally improving the quality of services by evaluating service delivery and outcomes and adjusting local planning and performance where needed.*

(B) *Include all Department funded developmental disability services provided within the county, including services that are operated or subcontracted by the CDDP, state operated community programs for developmental disabilities; and those developmental disability services operating under a direct contract with the Department; and*

(C) *Include, at a minimum, the quality indicators and all activities that are to be carried out at the local level according to the most recent edition of the Department's Quality Assurance Plan for Developmental Disability Services (Department's QA Plan).*

(b) *Quality assurance activities. The CDDP will perform quality assurance activities that include, but are not limited to, the following:*

-
-
- (A) *Develop and maintain a local QA plan that describes the major activities to be performed by the CDDP, including the timelines for each of those activities.*
 - (i) *These activities must include all activities that are to be carried out at the local level according to the most current edition of the Department's QA plan.*
 - (ii) *The local QA plan must be updated whenever changes are made, but at least annually.*
 - (B) *Develop CDDP policies and procedures needed to implement the local QA plan.*
 - (C) *Implement the activities defined in the local QA plan, including the timely delivery of data and information to the Department as required in the Department's QA plan.*
 - (D) *Maintain data and information that has been gathered through implementation of the local QA plan.*
 - (E) *Maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered.*
 - (F) *Take management actions as needed to improve service quality or to correct deficiencies; and*
 - (G) *Maintain records that document:*
 - (i) *The CDDP's performance of the activities described in the local QA plan.*
 - (ii) *The CDDP's performance measured against statewide performance requirements as specified in the Department's QA Plan.*
 - (iii) *The CDDP's findings, corrective actions and the impact of its corrective actions that have been reviewed at a policy level within the CDDP's department structure within the County; and*
 - (iv) *The timely submission of information to the Department, as required in the Department's QA Plan.*

-
-
- (c) *Performance requirements. The CDDP will meet or exceed the minimum performance requirements established for all CDDP's in the Department's QA Plan.*
- (A) *The CDDP will collect and analyze information concerning performance of the activities represented in OAR 411-0320-0040(9)(a)(A), in the manner specified in the Department's QA Plan.*
 - (B) *Data concerning the CDDP's performance will be sent to the Department in the format and within the timelines established by the Department.*
 - (C) *The CDDP must cooperate in all reviews, by the Department or its designee, of CDDP performance in accordance with these rules.*
 - (D) *Records that document the CDDP's performance will be maintained and be made available to the Department or its designee, for audit purposes, upon request.*
- (d) *Corrective actions. The CDDP will act to correct deficiencies and poor performance through management actions.*
- (A) *Deficiencies and substandard performance found in services that are operated or subcontracted by the county will be resolved through direct action by the CDDP.*
 - (B) *Deficiencies and substandard performance found in services that are operated by the state or through direct state contracts will be resolved through collaboration with the Department.*
 - (C) *Deficiencies and substandard performance found in services provided through a Region will be resolved through collaboration between the regional management entity and the affected CDDPs.*
- (e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

-
-
- (A) *Committee membership will include persons representing self-advocates, service providers, advocates, family members of individuals with developmental disabilities and Services Coordinators.*
 - (B) *Activities of the committee will include:*
 - (i) *Providing review and comment on CDDP plans for local QA plan activities;*
 - (ii) *Providing review and comment on data gathering instruments and methods; and*
 - (iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*
- (f) *Quality assurance resources. The CDDP must allocate resources to implement the local QA plan.*
- (A) *Individuals employed to carry out implementation activities will have the training and education, as well as the rank or classification within the organization that is appropriate for the tasks assigned.*
 - (B) *One position within the CDDP will be designated as the QA Coordinator. The minimum requirements must include:*
 - (i) *The QA Coordinator must be a full time CDDP employee, unless prior approval of an alternative plan has been obtained from the Department;*
 - (ii) *At a minimum the position must meet the qualifications for a Services Coordinator for individual with developmental disabilities as described in OAR 411-320-0030(3)(b)(A)(i-iv);*
 - (iii) *The purpose of the QA Coordinator is to facilitate the CDDP's quality assurance process through activities such as the following:*
 - (I) *Participate in Department sponsored activities such as planning and training that are intended to*

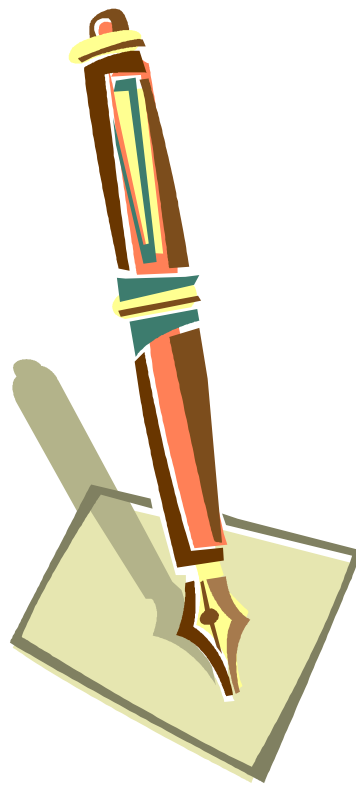
assist in development and implementation of Department's QA plan requirements, compliance monitoring procedures, corrective action plans and other similar activities.

- (II) Draft local quality assurance plans and procedures that both meet QA requirements established by the Department and consider the unique organizational structure, policies and procedures of the CDDP.*
- (III) Keep CDDP administrative staff informed concerning new or changing requirements being considered by the Department.*
- (IV) Coordinate activities within the CDDP such as preparation of materials and training of county staff as needed to implement the local QA plan.*
- (V) Monitor the implementation of the local QA plan to determine the level of county compliance with Department requirements. Keep CDDP administrative staff informed about compliance issues and need for corrective actions.*
- (VI) Coordinate delivery of information requested by the Department, such as the Serious Event Review Team (SERT).*
- (VII) Assure record systems to store information and document activities are established and maintained.*
- (VIII) Perform abuse investigations, if approved by the Department as part of the CDDP's QA plan.*

Local Quality Assurance Resource Manual

Chapter 2

Local Quality Plans



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the State's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Local Quality Plans

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LOCAL QUALITY ASSURANCE PLAN

Objective: Define requirements for Local Quality Assurance Plans. Provide suggestions for how to format, develop, and maintain the plan, as well as how to organize work related to carrying out the plan.

Requirements: The Local Quality Assurance Plan is required by the Oregon Administrative Rule for CDDPs.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-40 Community Developmental Disability Program (08/03/04)

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(b) *Quality assurance activities. The CDDP will perform quality assurance activities that include, but are not limited to, the following:*

(A) *Develop and maintain a local QA plan that describes the major activities to be performed by the CDDP, including the timelines for each of those activities.*

(i) *These activities must include all activities that are to be carried out at the local level according to the most current edition of the Department's QA plan.*

(ii) *The local QA plan must be updated whenever changes are made, but at least annually.*

These OARs include all of the formal requirements for local quality assurance plans at this time. There is no requirement for any specific format for the plan. No specific process for developing the plan is required, other than the requirement for Quality Assurance Committee review and input. The following sections of this chapter present guidelines, suggestions, and examples that local areas may use for meeting these requirements.

Guidelines and Suggestions

Plan Content

SPD expects that the local plan:

1. Describes activities that:
 - Directly support the Department’s goals and outcomes; and
 - Demonstrate management of service quality by evaluating performance information and adjusting practice as indicated by the data.
2. Reflects unique organizational structure, policies, and procedures of the CDDP.
3. Is updated at least annually.

The “Department’s goals” for developmental disability services are the goals that were listed in Chapter 1:

- Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- 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.



- All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.
- Each individual’s need and eligibility for home and community-based waiver services are assessed and determined promptly and accurately.

-
-
- The Department carries out its duties and responsibilities as Oregon’s single state Medicaid Agency with regard to home and community-based waiver services.
 - The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based waiver service levels.

SPD has identified specific outcomes related to each of these goals. Therefore, SPD also expects that the local plan will describe **activities that will directly support these goals and outcomes**. The outcomes for the first goal, Participant Health and Welfare, are presented below. The complete list of Goals and Desired Outcomes is included as an appendix to this chapter.

**WHAT ARE THE DEPARTMENT’S QA PLAN
GOALS AND DESIRED OUTCOMES?**

SAMPLE

I. Participant Health and Welfare. Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.

1. Individuals live in safe physical environments.
2. Individuals are protected from abuse.
3. Grievances and complaints are resolved in a timely fashion.
4. Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.
5. There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.
6. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.

Because SPD expects that the local plan describes activities that directly support the Department’s goals and outcomes, it may be useful to organize the local plan around these six goals.

SPD also expects that the local plan describes activities that demonstrate management of service quality by **evaluating performance information** and **adjusting practice** as indicated by the data. Therefore, the plan also needs to include descriptions of how the CDDP will use performance information to evaluate quality, and how it will adjust practice based on the results discovered.

SOME TIPS ON PLAN CONTENT

Although not required, the following suggestions may prove helpful in determining the content for your local plan.

- Consider including a narrative introduction to the plan that provides an overview and context for the entire plan. This might reflect the contract and OARs that define the Quality Program, and the performance requirements.
- It may be most helpful if the plan to include all of the major quality assurance processes carried out by the CDDP, as well as indicators of performance related to each system, even if the systems are not yet in place. Use the Work Plan (see later in this chapter) to prioritize development.
- For the plan itself, consider including for each Quality System or Process:
 - Timelines
 - Person or group responsible
 - The product or document that is generated by the process or system (“Output”).
 - The person or group that will receive that product (“Customer”).

Sample Outline for an
Introduction to the Quality Plan

System Overview

Scope
Background/Analysis
Service Descriptions and Definitions
Quality System Performance
Requirements
CDDP Organization
Organizational Chart
Quality Assurance Resources
Format of Quality Plan
Chapters
Quality Indicators
Quality Plan Tables
Annual Work Plan

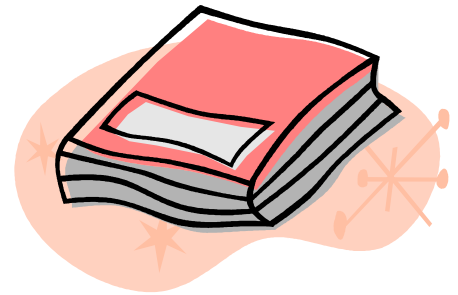
-
-
- The source of requirements or actual requirements for the product (“Customer Requirements”).
 - The “Quality Indicator(s)” related to that system or process.
- Some Quality Assurance Committees may want to participate in initial discussions of plan content. For most committees, however, members will appreciate if the CDDP develops at least an initial draft as a basis for their discussion. Remember that the committee is charged with reviewing the plan, not with developing it.

PLAN FORMAT

There are no specific requirements for the format for the plan. Choose a format that includes all of the information that is needed, is easy for CDDP staff and the QA Committee to understand, and facilitates tracking the performance of the Quality System.

Because there are no specific requirements, here are some suggestions.

- Include the Department’s goals (assurances) as fundamental to the plan. Matching the language of the goals listed by the Department, where possible, and following the sequence of SPD’s goals will facilitate work between the CDDP and SPD.
- If you don’t follow the set of goals as the major chapters of your plan, then consider how to show the tie between your QA activities and achieving these goals.
- We recommend using a table rather than a paragraph format for your local plan. It is easier to follow and to find particular parts than a long narrative.
- Whatever format you use, make sure that the plan “works” for the QA Coordinator, as well as meet the defined requirements.



The following pages display two sample quality assurance plan formats used by CDDPs. In addition, we have included a few pages from SPD’s Support Services plan, to show the format that they are providing to Centers for Medicaid and Medicare Services (CMS). This plan also includes two sample “detail” pages for two sample QA/QI activities listed in that plan. The detail pages define more specifically, the frequency of QA/QI activity, sampling methods, how data will be collected, the person (role) responsible for QA/QI data collection, and the acceptable threshold of performance for that QA/QI activity.

**EXCERPT: Washington County Health and Human Services
Developmental Disabilities Program
Quality Assurance Plan**

<i>QA Item</i>	Washington County Process	Timeline	Documentation source, if applicable	Corresponding Attachment
Staffing	A. WCHHSDDP positions will be staffed in accordance with OAR requirements. These positions include a 1.0 FTE QA Coordinator.	A. Ongoing		A. WCHHSDDP organizational chart (Attachment A)
Local Planning Process	<p>A. The Washington County Developmental Disabilities (DD) Advisory Council has agreed to function as the Local Quality Assurance Committee as part of their ongoing advisory function. The Washington County DD Advisory Council meets monthly.</p> <p>B. WCHHSDDP will develop and maintain a local QA plan. The local QA plan will be reviewed and updated annually and as major changes occur.</p> <p>C. SERT summary data will be presented to the Council in aggregate form at least quarterly, in conjunction with the quarterly monitoring report which describes the licensing, mid-cycle and related follow-up visits attended and/or conducted by County program coordinators at foster homes and 24-hour residential programs.</p>	<p>A. Ongoing</p> <p>B. Annual plan review 11/2005</p> <p>C. 12/04, 3/05, 6/05, 9/05</p>	<p>A. DD Advisory Council meeting minutes</p> <p>B. Annual plan</p> <p>C. DD Advisory Council meeting minutes, quarterly monitoring and SERT reports</p>	<p>A. DD Advisory Council membership list (Attachment B)</p> <p>C. Sample DD Service Provider Monitoring Report (Attachment C)</p>
Local Planning Process, cont.	<p>D. The DD Advisory Council conducted a Quality Assurance Survey in 2003 with the goal of assessing consumer and family satisfaction with DD services. The survey went to 1266 consumers enrolled in case management services, as well as 514 significant others (i.e. guardians, family members) identified on the Washington County DD database as not living at the same address as the consumer. The survey was translated into Spanish for 50 of these consumers and significant others.</p> <p>In the 11/2004 – 11/2005 QA plan year, a revised consumer satisfaction survey will be developed and sent to a sample of 10% of the consumers served by WCHHSDDP. The draft survey will be provided to the DD Advisory Council Outreach Committee for review and comment prior to distribution. Survey results will be presented to the DD Advisory Council upon completion.</p>	D. Survey to be conducted by 11/2005	D. Survey	

Systems and processes included assure that only qualified providers serve waiver participants.

Desired Outcomes:

1. Individual and agency providers are qualified to provide waiver services (see below)
2. Staff of agency providers receive training to provide waiver services (Reviewed by SPD)
3. Service Coordinators possess skills, competencies, and qualifications to provide waiver services (Reviewed by SPD)

Quality Plan:

	<u>Quality System or Process</u>	<u>Timelines</u>	<u>Person or Group Responsible</u>	<u>Output</u>	<u>Customers</u>	<u>Customer Requirements</u>
1	Complete Licensing and Certification for Residential and Vocational Programs in Comprehensive Service System					
	1.1 Work with SPD to complete program (24-hour group homes and vocational) site licensing and certification	24-hour group homes: every 2 yrs; Voc: every 3 years	SPD licensing team; QA Coordinator is Liaison	License or certificate and/or plan of improvement	SPD LCDDS Fire Marshall	OARs County contract
	1.2 Conduct license and certification reviews for foster homes	Annual reviews	Foster Home Coordinators	Review documentation	SPD	OARs
	1.3 Maintain local database of licensing visits, follow-up visits, and plans of improvement	Ongoing	Foster Home Coords, Analyst, Quality Coord	Reports from database	QA Comm.	Committee standards
	1.4 Probe licensing files for results of licensing reviews and completion of plans of improvement	Quarterly	Quality Coordinator	Checklist summary	Program Dir., QA Comm.	OARs
	Quality Indicators: <ul style="list-style-type: none"> • % of sites that are in substantial compliance with requirements est'd by state reg'n after initial visit. • % of plans of improvement satisfactorily completed within required timeline 	Quarterly to Program Dir., Twice per year to QA Committee				<ul style="list-style-type: none"> • See Lane County Performance measures
2	Assure that Individual Providers are Qualified to Provide Services in Foster and Family Homes					
	2.1 Maintain documentation as required for foster providers & substitute caregivers, including foster care exams, criminal history clearance, training records	Ongoing	Foster Care Coordinators	File documentation	QA Coordinator	OARs

Excerpt from SPD's Support Services Plan:

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

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.	A. In 80% of files reviewed in 2005 sample: ISP consistent w/ TXIX Waiver LOC assessment, CGS, Basic Supplement Criteria Inventory; CGS identifies preferences, needs, abilities, health status, other available supports; employee job descriptions and provider service agreements reflect individual support needs and preferences.	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG---rescheduled to 1/28/05	

Desired Outcome 2: Individuals freely choose between waiver services and institutional care, and among waiver services and providers.

QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 2.1 5% sample of individual files---offer of waiver vs institutional choice	Select indicators and performance thresholds by 2/1/05		
■ 2.2 5% sample of individual files---review of choice of services during plan development.	A. In 90% of files reviewed in 2005 sample: evidence that individuals freely choose among support service options and service providers; evidence of discussion related to choices and options w/in stated preferences.	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG---rescheduled to 1/28/05	

Desired Outcome 3: Individuals receive services required to meet needs.			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 3.1 5% sample of individual files—review of responsiveness to need.	A. In 80% of files reviewed in 2005 sample: individuals receive services required to meet needs; personal agents respond to requests and needs/	1/28/05: SIG review of data. Added to work plan—see detail sheets for 2005-07 benchmarks.	
	B. Review summary of 2004 5% Field Review at 12/04 SIG meeting	Note: no 12/04 SIG--- rescheduled to 1/28/05	
■ 3.2 Reports of individuals employed and individuals receiving Vocational Rehabilitation	Review annual summary in August 2005		

Desired Outcome 4: Individuals are satisfied with plans and outcomes.			
QA Component	Success Indicators	Status and Date of Review	Comments and Recommendations/Date
■ 4.1 Evaluation and analysis of consumer satisfaction survey response.	A. Select indicators and performance thresholds by 2/1/05		
	B. Collect and summarize 2004 results for 2/05 review	1/28/05: SIG review. No conclusions. Will participate in SPD-wide survey when implemented.	

The following items are examples of how SPD gives detail on how a Quality Assurance/Quality Improvement component listed in the Support Services plan will be carried out.

**HOME AND COMMUNITY BASED SERVICES
QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN DETAIL**

- I. **Area of Inquiry:** QA Plan Section 2. Developing, Monitoring, and Reviewing Plans of Care
- II. **QA/QI Indicator:** QA Plan Section 2, 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.
 1. **QA/QI activity:** Staley Team 5% Field Review Sample
 2. **Frequency of QA/QI activity:** Annual
 3. **Sampling methods:** SPD Central Office will pull at least 5% random sample of Support Service waiver service recipients enrolled in each Brokerage, with at least one individual from each county served by each Brokerage
 4. **How data will be collected:** SPD Central Office staff on the Staley Team will conduct on-site reviews including examination of individual files (Medicaid TXIX Waiver Form, Customer Goal Survey, ISP, Basic Supplement Criteria Inventory, progress notes, annual reviews, correspondence, incident reports, employee job descriptions, provider service agreements) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized.
 5. **Person responsible for QA/QI data collection:** Manager, Medicaid In-Home Support Services
 6. **Acceptable threshold of performance for 2.1.1:** Individual Support Plan is consistent with Medicaid Title XIX Waiver Level of Care assessment, Customer Goal Survey, Basic Supplement Criteria Inventory. Customer Goal Survey identifies preferences, needs, abilities, health status and other available supports. Employee Job Descriptions and Provider Service Agreements reflect individual support needs and preferences. These statements must be true for at least: 80% of records reviewed 2005; 85% of records reviewed 2006; 90% of records reviewed 2007.

Date adopted by QA Committee: 2/28/05 (Note: re-evaluate annual benchmarks when 2005 results are available)

And another example....

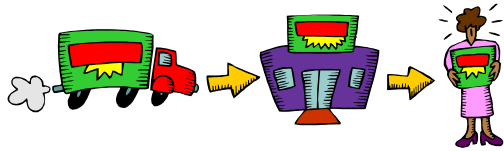
**HOME AND COMMUNITY BASED SERVICES
QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN DETAIL**

- I. **Area of Inquiry:** QA Plan Section 2. Developing, Monitoring, and Reviewing Plans of Care.
- II. **QA/QI Indicator:** QA Plan Section 2, Desired Outcome 2. Individuals freely choose between waiver services and institutional care, and among waiver services and providers.
 1. **QA/QI activity:** Staley Team 5% Field Review Sample
 2. **Frequency of QA/QI activity:** Annual
 3. **Sampling methods:** SPD Central Office will pull at least 5% random sample of Support Service waiver service recipients enrolled in each Brokerage, with at least one individual from each county served by each Brokerage.
 4. **How data will be collected:** SPD Central Office staff on the Staley Team will conduct on-site reviews including examination of individual files (Customer Goal Survey, Person Centered Plan, quarterly and annual reviews, ISP, progress notes, correspondence, incident reports) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized.
 5. **Person responsible for QA/QI data collection:** Manager, Medicaid In-Home Support Services.
 6. **Acceptable threshold of performance for 2.2.2:** Individuals freely choose among Support Service options and providers. There is evidence of discussion related to choices and options within stated preferences. These statements must be true for at least 90% of records reviewed 2005 and at least 95% of records reviewed each year in 2006 and 2007.

Date adopted by QA Committee: 2/28/05 (Note: re-evaluate annual benchmarks when 2005 results are available)

PROCESS FOR DEVELOPING THE PLAN

There is only one specific requirement related to developing the Quality Plan: Local Quality Assurance Committees must review and provide input to the annual quality assurance plan. The particular process that a CDDP must employ to accomplish this is not defined by SPD. The QA Coordinator may develop drafts



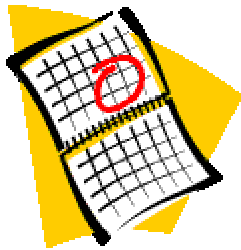
for presentation to the Committee, or work with representatives of the Committee to draft sections of the plan. Information received from satisfaction surveys and focus groups or open forums (see Chapter 5 on Measuring Customer Satisfaction) as well as the results of other QA activities, may be helpful in developing the plan.

REVISING THE ANNUAL PLAN

The following are suggested strategies for reviewing the plan. It is not required that any CDDP use all of these strategies, but the plan must be reviewed at least annually.

1. Review the Format of the Plan. The Annual Quality Plan must “work” for the QA Coordinator, as well as meet the defined requirements. At the start of the review process, it is recommended that the QA Coordinator consider whether the current format for the plan has accomplished both of those objectives. The start of the annual review and revision of the plan is a good time to adjust the format, whether it be a major change (e.g., from paragraph to table style), or minor (e.g., adding or deleting a column from the table).
2. Include Reviews of Plan Sections in Several Meetings. It may be helpful to review a section of the plan at each of several meetings. For example, a meeting at which the committee will be asked to review data related to Qualified Providers, it may be useful also to review the section of the plan that defines CDDP activities related to service providers. Using this strategy, committee members are given a context in which to review the data and information presented. In addition, at the end of the year, when it is time to review the entire plan, committee members will be familiar with, and have already reviewed, each section. Maintain a record of recommendations for plan changes to facilitate the annual plan review and revision.



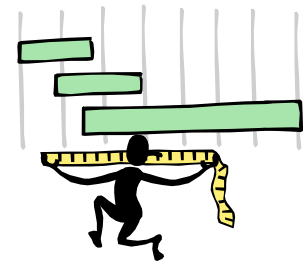


3. Review and Revise the Full Plan at Least Annually. Revise the plan at any point during the year when there is a need to change the plan, but each CDDP must review and revise the plan annually. Putting this final review into a calendar of topics for the QA Committee's consideration will assist the QA Coordinator to ensure the review and revision is accomplished.

(See Chapter 3 on Quality Assurance Committees for a sample of such a calendar.)

4. Review the Status of Processes and Measures in the Plan. In the next section of this chapter, on "Organizing Work for Carrying Out the Plan," it is recommended that the QA Coordinator complete an "inventory" related to pieces of the plan. Are all processes and measures listed in that plan that should be? Are all processes and measures listed in the plan fully in place? Are all CDDP policies and procedures needed to implement the local QA plan in place? Are there changes that need to be made in the plan as a result of any of these?

5. Evaluate Service Delivery and Outcomes. Review data that have been collected for the quality components to determine needs related to improving the quality of services. Look for ways to adjust the local plan to improve performance where needed.



6. Review Records of Conclusions and Recommendations. One of the OAR requirements is to maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered. This may be located in QA Committee minutes or other sources. The recommendations may be valuable for improving the Annual Plan.

7. Review the Most Current Edition of the State's QA Plan. It is useful to briefly review the State's QA Plan to ensure that the local plan addresses each of the needed areas. According to OAR, the plan must include all activities that are to be carried out at the local level according to the most current edition of the Department's QA plan.

ORGANIZING WORK FOR CARRYING OUT THE PLAN

Objective: Define requirements for organizing the work needed to carry out the local Quality Assurance plan, and provide suggestions for how to do that.

Requirements: Although the Local Quality Assurance Plan is required by Oregon Administrative Rule, there is little required specifically related to how organize work to carry out the plan.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-40 Community Developmental Disability Program (08/03/04)

DIVISION 320: COMMUNITY DEVELOPMENTAL DISABILITY PROGRAM
411-320-0040

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(b) *Quality assurance activities. The CDDP will perform quality assurance activities that include, but are not limited to, the following:*

(Sections deleted)

(C) *Implement the activities defined in the local QA plan, including the timely delivery of data and information to the Department as required in the Department's QA plan.*

(Sections deleted)

(e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

(Sections deleted)

(B) *Activities of the committee will include:*

(i) *Providing review and comment on CDDP plans for local QA plan activities.*

(ii) *Providing review and comment on data gathering instruments and methods.*

(iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*

The rules require CDDPs to have their local quality assurance committee to review and comment on specific things:

- 1) CDDP plans for local QA plan activities.
- 2) Data gathering instruments and methods.
- 3) **Results of information gathered by the CDDP and the effectiveness of corrective actions.**

So, at least some aspects of organizing work for carrying out the plan must include the opportunity for the Local Quality Assurance Committee to review and comment.

The rules also include requirements for the qualifications of individuals employed to carry out implementation activities, including the QA Coordinator.

411-320-40 Community Developmental Disability Program (08/03/04)

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

DIVISION 320: COMMUNITY DEVELOPMENTAL DISABILITY PROGRAM

411-320-0040

Community Developmental Disability Program Responsibilities

(Sections deleted)

(9) *Local quality assurance program.*

(Sections deleted)

(f) *Quality Assurance resources. The CDDP must allocate resources to implement the local QA plan.*

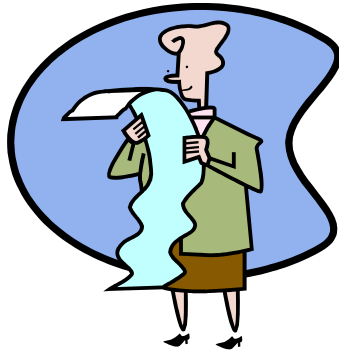
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(B) *One position within the CDDP will be designated as the QA Coordinator...*

(Sections deleted)

(iii) *The purpose of the QA Coordinator is to facilitate the CDDP's quality assurance process through activities such as the following:*

(Sections deleted)



- (II) *Draft local quality assurance plans and procedures that both meet QA requirements established by the Department and consider the unique organizational structure, policies and procedures of the CDDP.*
- (III) *Keep CDDP administrative staff informed concerning new or changing requirements being considered by the Department.*
- (IV) *Coordinate activities within the CDDP such as preparation of materials and training of county staff as needed to implement the local QA plan.*
- (V) *Monitor the implementation of the local QA plan to determine the level of county compliance with Department requirements. Keep CDDP administrative staff informed about compliance issues and need for corrective actions.*
- (VI) *Coordinate delivery of information requested by the Department, such as the Serious Event Review Team (SERT).*
- (VII) *Assure record systems to store information and document activities are established and maintained.*
- (VIII) *Perform abuse investigations, if approved by the Department as part of the CDDP's QA plan.*

There is a long list of activities required to implement the local quality assurance program. Based on this section of the CDDP rule, then, the tasks of the QA Coordinator include coordinating and monitoring the work related to implementing the Local QA Plan. Again, however, there are no requirements for HOW to do that.

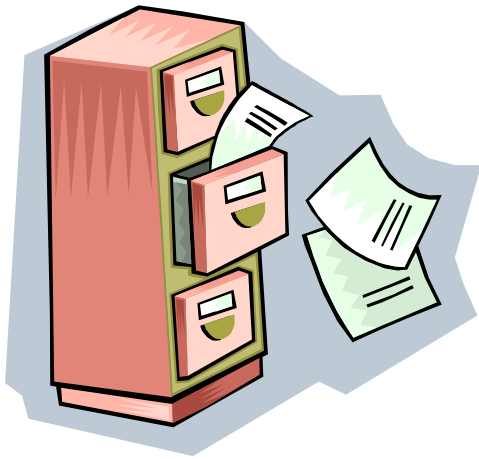


Guidelines and Suggestions

Given the breadth of activities that must be coordinated in implementing a local Quality Program, developing a Work Plan simply makes sense.

SUGGESTED WORK PLAN DEVELOPMENT PROCESS

1. Assess Where You Stand with the Plan. Conduct an "inventory" of policies, procedures, data collection tools, etc. that are needed to fully implement the Annual Quality Plan, for example:



- a. What policies, procedures/protocols need to be developed?
- b. What data collection forms need to be developed?
- c. Which data are not currently being collected?
- d. Which data are not currently being summarized and analyzed?
- e. Which data are not currently being used to make decisions/take actions?

Analyze existing quality assurance systems: Are they meeting standards? Are they implemented reliably? How is the information from those systems collected, summarized and analyzed? How could those be improved? This review will provide an overview of systems development and improvement needs, one source for developing an Annual Work Plan.

2. Evaluate Service Delivery and Outcomes. The Work Plan, however, also should reflect activities undertaken to improve the outcomes achieved. Therefore, also review how the CDDP, and its service providers, are performing in addressing health and safety, plans of care, provider qualifications, and fiscal accountability. This may be based on data reviews and recommendations of the Local Quality Assurance Committee, the local SERT Team, or CDDP staff.

Sample Inventory Format

Process from Plan	Policies & Proc?	Data Coll. Forms?	Data Collected?	Data summarized & analyzed?	Reports used?
Conduct probes of plan service outcomes	Yes	Yes	Yes	No	NA
Monitor implementation of plans of care	No	Yes	Yes	Yes	Yes
Probe CDDP case files re: Plan of Care reqts	No	No	No	NA	NA

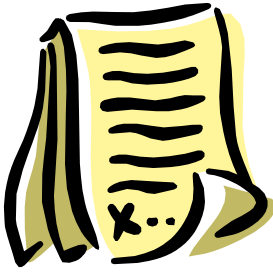
3. Determine Development Priorities. These can be based on:
- a. The items specifically listed in the CDDP OARs.
 - b. The items specifically listed in the State QA plan with regards to CDDP roles.
 - c. The section of the local QA Plan that addresses the CMS Assurance that is the biggest issue for the local area.
 - d. Input from the QA Committee.



LOCAL WORK PLAN

1. Include Prioritized Activities. QA Coordinators will find there are many more development and performance improvement tasks than are possible to carry out simultaneously, particularly in the first few years of the development of the Quality Program. It is common for a Quality Program to require a length of time for development. Use the work plan to reflect the prioritization of which systems or outcomes need attention. It may be helpful to ask the QA Committee to work with the CDDP to establish some criteria as a basis for prioritizing activities. These criteria and priorities will give focus to the work.

-
2. Develop the Work Plan. Once the tasks are identified and prioritized, it is possible to organize them into a Work Plan. Use a table format for ease of tracking. It is best to connect each task, in some way, to the item that it addresses on the Annual Quality Plan. Indicate timelines, such as when work on the task will start, and when it is due, as well as which individual or work unit is responsible for carrying out the task.



3. Reflect Reporting Timelines. The OARs and State QA Plan have high expectations regarding data collection, summary, and review. To accomplish these across the several systems (e.g., SERT, Licensing, and Monitoring Visits), include reports and their due dates in the Work Plan.
4. Calendar of Committee Topics. Chapter 3 on Local Quality Assurance Committees includes a recommendation for developing a calendar for topics to be covered at committee meetings. Use the Work Plan as a way to ensure that this calendar includes all the appropriate subjects, and that reports are scheduled to be included in time for scheduled meetings.



Sample Annual Work Plan Section

Timeline for Completion

Process #	System or Process	Goal	Q1	Q2	Q3	Q4	Status, Committee Actions and Recommendations
1-2.0	Assess and enroll individuals into Waivers						
1-2.1	Assess level of care needs	Establish tracking system	----	-----	----		
1-1.4	Probe case files for compliance with eligibility criteria	Establish a system for compiling data	----				
1-1.4	Probe case files for compliance with eligibility criteria	Compile case file probe data and report quarterly	--X	--X	--X	-X-	
	Quality Indicator: % of eligibility determinations made within state mandated timelines	Monitor data (monthly)	----	-----	-----	----	
1-2.3	Probe case files for Title XIX waiver compliance	Establish a system for compiling data	----				
1-2.3	Probe case files for Title XIX waiver compliance	Compile case file probe data	----	-----	-----	----	
1-2.3	Probe case files for Title XIX waiver compliance	Report quarterly to staff & annually to Quality Committee	X	X	X	X	
	Quality Indicator: % of probed cased files in compliance with Title XIX Waiver criteria	Monitor data (quarterly)	----	-----	-----	----	

Process #: Numbers in this column refer to the number of the chapter and processes listed in the Annual Quality Plan

System or Process: The system or process being addressed. The wording is taken directly from the Annual Quality Plan.

Goal: The aspect of this system or process that is to be addressed in this work plan.

Timeline for Completion (Q1, Q2, Q3, Q4): A “Gantt chart” reflecting start and end (|) of activities expected to require more than one quarter, ongoing activities within or across quarters (-----), and specific events (X). Q1, Q2, etc. reflect each of the four quarters of the year.

Status, Committee Actions and Recommendations: A column for entering records of notes on status, actions, or recommendations related to the accomplishment of each goal.

APPENDIX

CDDP Quality Assurance Plan Content Requirement Summary April 2005

I. What are the primary expectations of a CDDP Quality Assurance Plan?

The plan must describe activities that: a) directly support the Department's (Seniors and People with Disabilities—SPD) goals and outcomes for home and community-based developmental disability services and b) demonstrate management of service quality by evaluating performance information and adjusting practice as indicated by the data. The plan must reflect unique organizational structure, policies, and procedures of the CDDP and must be updated at least annually.

II. What are SPD's QA plan goals and desired outcomes?

SPDs 2003 quality assurance plan for developmental disability services featured processes for assuring services meet basic Centers for Medicare and Medicaid Services (CMS) requirements. SPD has since adopted an initial set of goals and outcomes for those processes from the Home and Community Based Services Quality Framework, a collaborative product of CMS and its national senior, physical disability, and developmental disability service partners. SPD is also working with its DD Quality Assurance Committee now to finalize goals, outcomes, and measurable indicators of success. The current set of goals and outcomes include:

- A. Participant Health and Welfare.** Individuals in home and community-based waiver services are safe and secure in their homes and communities, taking into account their informed and expressed choices.
1. Individuals live in safe physical environments.
 2. Individuals are protected from abuse.
 3. Grievances and complaints are resolved in a timely fashion.
 4. Individual risk and safety considerations are identified and appropriate interventions designed taking into account individual informed and expressed choices.

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5. There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.
 6. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.

B. Developing, Monitoring, and Reviewing Plans of Care. 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.

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.
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.

C. Services Provided by Qualified Providers. All agency and individual providers of home and community-based waiver services possess the requisite skills, competencies and qualifications to support participants effectively.

1. Individual and agency providers are qualified to provide waiver services.
2. Staff of agency providers receive training to provide waiver services.
3. Service Coordinators possess skills, competencies, and qualifications to provide waiver services.

D. Determining Level of Care Need. Each individual's need and eligibility for home and community-based waiver services are assessed and determined promptly and accurately.

1. Level of care assessments are completed accurately and on time.
2. Level of care assessments are completed by qualified persons.

E. State Administrative Authority Over the Waiver. The Department carries out its duties and responsibilities as Oregon's single state Medicaid Agency with regard to home and community-based waiver services.

1. Providers of home and community-based waiver services receive information regarding Medicaid-specific requirements.

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2. Individuals are informed of, and exercise, the right to due process associated with waiver services.

F. State Financial Accountability. The Department maintains, and participates in, systems and procedures that promote financial accountability at all home and community-based waiver service levels.

1. Expenditures for waiver services are accurately and appropriately assigned and reported.

III. What are local and state quality assurance activities that support the Department's current QA plan?

At minimum, these are the quality systems and processes featured in the Department's 2003 quality assurance plan and identified as either "County Processes" or as "Processes Operated by State Offices, with County Cooperation" in the May 2003 "grid" version of the Department's quality assurance plan:

A. Protection from Harm

1. Provide investigation and protective services for adults with developmental disabilities
2. Implement Serious Event Review Team (SERT) system
3. Provide mandatory abuse reporter training to providers (optional)
4. Participate in ISP processes related to protection from harm
5. Participate in licensing visit processes related to protection from harm
6. Provide protective services for children with developmental disabilities
7. Maintain licensing processes related to protection from harm
8. Provide support, training, and technical assistance related to protection from harm

B. Individual Support Plan

1. Implement Individual Support Plan (ISP) system processes
2. Monitor ISP implementation
3. Other processes, e.g.: annual summaries for CM-only; advise of rights, choice, fair hearing; TXIX waiver form

C. Qualified Providers

1. Complete licensing and certification
2. Monitor compliance
3. Provider processes, with cooperation of county: criminal records checks; self-assessments and plan of improvement; qualifications of in-home support staff; maintain necessary license or certification; hire qualified staff
4. Monitor providers
5. Provide training and technical assistance

D. Other Administrative Issues

1. Provide administrative oversight
2. Processes re Waiver
3. Processes re licensing and certification
4. Processes re state and county quality assurance
5. Measure consumer satisfaction
6. Processes operated by organizations in cooperation with county (e.g. policy addressing opportunities for individual to participate in decisions regarding operation of program; procedures for incorporating direction, guidance, advice of individuals and family members in the administration of the organization; emergency contingency plans)
7. Design system for administration, oversight, and quality Improvement
8. Manage SERT system
9. Provide oversight

E. Fiscal Accountability

1. Manage CPMS and Provider Financial Forms
2. Waiver processes
3. Act as State's fiscal agent in administering community based services
4. Maintain county financial system
5. Processes maintained by providers, with cooperation of county (e.g. provider financial records, client personal fund records)
6. Maintain state financial system
7. Maintain CPMS system
8. Conduct audits
9. Conduct reviews

IV. What sources of information, or “quality assurance components” provide data that can be used to measure how well the quality assurance systems or processes are working toward goals and desired outcomes for developmental disability services?

The table on following page summarizes the quality assurance components currently identified in SPDs quality assurance plan. CDDPs have varying degrees of participation in, or responsibility for, generation or maintenance of the information and that can be reflected in local plans. CDDPs may also have local sources of information that are regularly reviewed to assist evaluate progress toward desired outcomes; those local information sources can become part of the local QA plan.

Quality Assurance Components

	Maintain local process for gathering, reviewing,	Participate in statewide activity by Rule, Contract, or at Department request	Establish local success indicators related to Department goals and desired outcomes	Establish local benchmarks unless otherwise specified by Department	Establish local timelines unless otherwise specified by Department	Quality system or process from 2003 State QA Plan
Licensing, certification reviews	X	X	X	X	X	5, 7, 12, 13, 19
SERT	X	X	X	X	X	2, 4
Service coordinator monitoring, inc. annual plan reviews (24-hour res., foster home)	X	X	X	X	X	10, 13
OIT and local investigator information re protective services investigations	X	X	X	X	X	1
PSI investigator training, technical assistance, mentoring		X				1,8
Death reports	X	X	X	X	X	1,2,24
Records of individual complaints, inc. contested case as well as other types	X	X	X	X	X	20, 21
Service coordinator and provider training surveys		X				8, 16
Individual file reviews (re rights, plans, etc.)	X	X	X	X	X	11,20, 23
Annual sample file review using HCB Waiver Service Review checklist	X	X	X	X	X	11, 18
Service coordinator plan implementation reviews (Family Support, In-Home Comp)	X	X	X	X	X	9, 10
Employment Outcome reports		X				15
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	X	X	X	X	X	20, 23
Records of provider sanctions and contested case hearings	X	X	X	X	X	18, 20
Direct Care staff turnover records		X				15
Special training project records		X				8, 16
Records of foster provider training and testing	X	X	X	X	X	16
Individual/family satisfaction surveys	X	X	X	X	X	21
Audits, financial reports, special inquiries/investigations re state or local operations	X	X	X	X	X	26-34

Local Quality Assurance Resource Manual

Chapter 3

Local Quality Assurance Committees



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the State's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Local Quality Assurance Committees

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LOCAL QUALITY ASSURANCE COMMITTEES

Objective: Provide an overview of the purpose, role, and requirements for the Local Quality Assurance Committee.

Requirements: The Local Quality Assurance Committee is required by the Oregon Administrative Rule for CDDPs.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

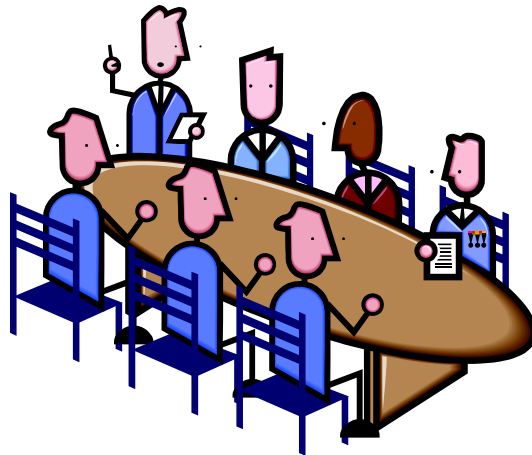
411-320-40 Community Developmental Disability Program (08/03/04)

(e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

(Sections deleted)

(C) *Activities of the committee will include:*

- (i) *Providing review and comment on CDDP plans for local QA plan activities;*
- (ii) *Providing review and comment on data gathering instruments and methods; and*
- (iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*



Guidelines and Suggestions

QUALITY ASSURANCE COMMITTEE ROLE AND RESPONSIBILITIES

1. Assign Responsibilities. The CDDP and its Quality Assurance Committee provide important support to the overall implementation of the State's Quality Plan. Each CDDP may design the relationship with its QA Committee according to local policy around a range of activities, including:
 - Reviewing and providing input to the local Annual Quality Plan.
 - Conducting consumer satisfaction surveys and focus groups according to local plan or upon request of SPD.
 - Analyzing the summarized results of the consumer satisfaction probes, and the CDDP's abuse, licensing and SERT databases and quality improvement plan.
 - Providing review and comment on CDDP plans for Local QA Plan activities.
 - Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.

2. Develop a Mission or Purpose Statement for your local committee—whether it be a freestanding QA Committee or a part of a larger committee role. This will help with keeping the committee focused, and also when you need to recruit new members.



Sample Mission Statement

“Identify and Recommend System Improvements”

The mission of the Lane County QA Committee is to identify and recommend opportunities for improvement in systems related to the health, safety and quality of life of individuals with developmental disabilities in Lane County.

The mission is accomplished by providing review and comment on:

- Plans for quality assurance activities
- Data gathering instruments and methods
- Results of information gathered by the Lane County Developmental Disabilities Services office and the effectiveness of corrective actions
- Periodic consumer input



2. Develop a “Charter” that Defines the Specific Role of the Committee. Similar to, but much less formal than by-laws, a Charter defines the scope, boundaries, and logistics related to the QA Committee. It also will help the committee feel their work is important.

Sections of the Charter might include:

Purpose
Membership
Leadership
Responsibilities
Boundaries
Resources
Logistics

...or other areas that will help to clarify the committee’s work.

See the following pages for a sample QA Committee Charter.



Sample Quality Assurance Committee Charter

Purpose: The purpose of the Oak County Local QA Committee is to assist in the development and review of local quality assurance plans and activities.

Membership: The committee is composed of at least eight members representing the following groups:

- Self-advocates
- Service providers
- Advocates
- Family members of individuals with developmental disabilities
- Service Coordinators

Selection. Individuals are invited to serve on the Committee by the CDDP Program Manager. The Program Manager may request recommendations for potential participants from existing committee members, CDDP staff members, or others.

Term. Committee members are asked to serve for a minimum 1 year term, which may be extended indefinitely by the CDDP DD Program Manager, in one year increments.

Leadership: The QA Committee will be chaired by the County Quality Assurance (QA) Coordinator. In the absence of the QA Coordinator, s/he may appoint another member to act in his/her place.

Responsibilities: The general responsibilities of a QA Committee are defined by Oregon Administrative Rule for Community Developmental Disability Programs. **(411-320-40)**

- Providing review and comment on CDDP plans for local QA plan activities;
 - Providing review and comment on data gathering instruments and methods; and
 - Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.
- (continued next page)*

Sample Quality Assurance Committee Charter (continued)

In addition to those responsibilities, the Oak County QA Committee also will:

- Plan an annual celebration of the accomplishments of service providers and individuals served.

Boundaries: The QA Committee's role is advisory only. Unless specifically delegated by the Program Manager to the Committee, all final decisions rest with employees of the county developmental disabilities program.

Resources: The QA Committee has a budget of \$500 plus the staff time assigned to the committee. Staff time includes:

- QA Coordinator: planning and follow-up to meetings, Committee chair.
- DD Program Manager: attend Committee meetings, advise QA Coordinator in planning and follow-up activities
- Service Coordinator Representative: participate as a committee member
- Support staff: attend meetings, maintain minutes, distribute minutes and meeting announcements to members, prepare documents for distribution.

Other costs that may be paid through the QA Committee include transportation, incentives for participation in focus groups, and child care. Costs for printing, accessible materials, and mailing will be paid through the regular department budget.

Logistics: Meetings will be held every other month on the third Thursday of the month, from 10 a.m. to noon at the Oak County Public Building. Members are responsible for arranging for their own transportation to and from meetings.

Records: The Developmental Disabilities Program will provide support staff to record and distribute minutes, and to maintain records documenting the work of the committee.

Ground Rules: Hold all information about consumers confidential.

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3. Provide a Clear Position Description of Roles and Responsibilities. Best practice suggests that it is important to have position descriptions for volunteers. Because the QA Committee is largely composed of volunteers, a position description that defines expectations (e.g., attendance at meetings, committee work outside of meetings), roles (e.g., taken from the purpose of the QA Committee in the Team Charter), length of service, and qualifications is important. The position description may be used as part of a recruitment packet, as well as for orienting committee new members.

Sample Volunteer Position Description

Position Title: Member, Quality Assurance Committee

Type of Position: Volunteer

Term: Appointments are for one year, and may be extended on the decision of the Program Manager.

Role: The specific role of a QA committee is defined by Oregon Administrative Rule:

- Provide review and comment on CDDP plans for local QA plan activities;
- Provide review and comment on data gathering instruments and methods; and
- Provide review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.

Expectations: 2-5 hours per month of volunteer time, including:

- Attend monthly, 2-hour meetings of the full committee.
- Participate in one subcommittee during the year. Subcommittees usually meet for 2 hours once per month.
- Read materials sent to committee members prior to a meeting.
- Arrive on time for meetings and stay for the full meeting.
- Inform the QA Coordinator in advance if you must miss a meeting.
- Maintain confidentiality related to information received.

The County Program expects that each member of the committee will provide thoughtful consideration and review of each item brought to the committee for consideration.

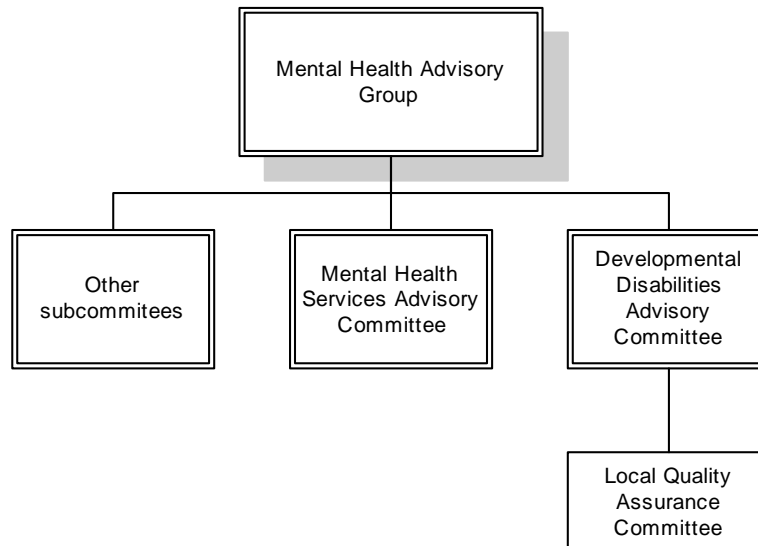
Qualifications: Eligible volunteer members include: Self-advocates, Service providers, Advocates, Family members of individuals with developmental disabilities, and Service Coordinators with an interest in improving the quality of services in Elm County.

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4. Use Term Appointments so that people understand that they are agreeing to serve for a specific period of time. Explain how an appointment may be extended.
 5. Scheduling Meetings. There are some fundamental strategies for any recurring meeting that can help members attend more consistently:
 - Hold meetings at a consistent time and day of the month, e.g. 10-12 on the third Thursday of each month.
 - Schedule meetings a year in advance so that everyone can plan ahead for meetings.
 - Provide committee members with a list of dates, times, and the location of committee meetings for the foreseeable future.
 - Plan ahead for canceling meetings that fall at inconvenient times, e.g., near holidays or during the height of summer vacations.
 - Work with the committee to determine the best time of day for meetings.
 6. Frequency of Meetings. The frequency of meetings largely should be determined by the amount of work the county needs the committee to perform. One way to determine this is to develop a calendar of topics for committee work, estimating the amount of time each topic will require (See the section on Local QA Committee Meetings, for more information on this type of calendar). If the role of the committee can be fulfilled by quarterly meetings, then holding monthly meetings may result in bored members who drop out quickly. However, not meeting often enough leaves committee members feeling that they are unable to accomplish anything or have little connection to the group. There is no specific requirement in the OARs defining the frequency of committee meetings, so counties can make their own decision in this area.
 7. Use an Accessible and Comfortable Location. Make sure the meeting location is accessible, both in terms of physical accessibility and geographic accessibility. Consider whether the DD Program offices really are the most convenient for everyone on the committee.
 8. Help with Transportation. Arrange for transportation or offer mileage reimbursement, if necessary. Encourage members to carpool.
 9. Remind Members of Meeting. Send out the agenda and minutes from the previous meeting as a reminder of each upcoming meeting. This also will give members some help with remembering the previous discussions and a chance to preview the upcoming topics to be better prepared.
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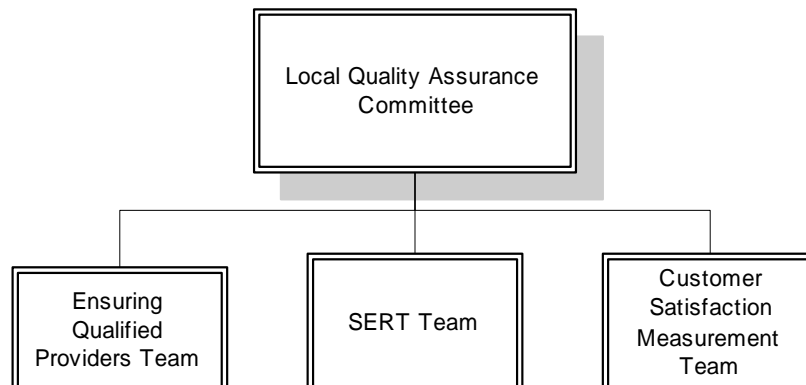
QUALITY ASSURANCE COMMITTEE STRUCTURE

1. Consider different structures for the Quality Assurance Committee. There are many possibilities:

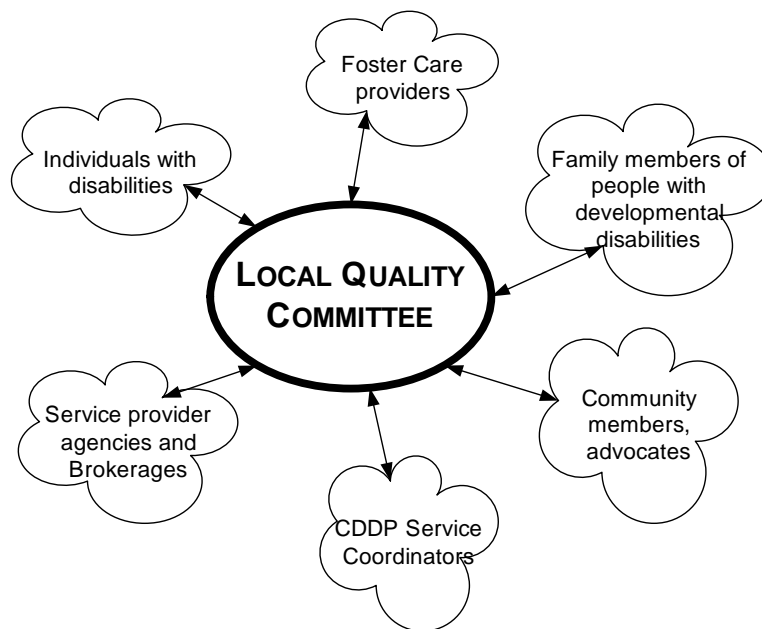
- Form the committee as a subcommittee of the DD Advisory Committee and/or Mental Health Advisory Group. This may add status and recognition at the county level to committee membership.



- Establish subcommittees of the QA Committee with responsibility to review and report on their specific area of responsibility. For example, one subcommittee could be responsible for developing customer satisfaction measurement instruments and reviewing the results. Another subcommittee could be the SERT team. Another could focus on Qualified Providers. The committees could be developed to each focus on one or more of the six goals (e.g., Protection of Health and Safety, Qualified Providers, Eligibility), or on various pieces of the Annual Quality Plan. However it is divided, the committees can perform parts of the work required of the committee. Organized in this way, the full committee may need to meet less often.



- Consider the committee to be made up of a core group and a series of special interest groups. Establish the structure so that one or two members of the special interest groups represent their group as members of the full committee. Bring topics geared specifically to each of the special interest groups for discussion. For example, a discussion of the SERT data and system may require a totally different approach in a group of family members, a group of interested community people, or a group of service providers. These special interest groups could be run as focus groups, asking the participants to discuss a question, and bringing the results to the full committee. Such a design would allow a broader number of people to provide review and input related to QA Committee issues, but their work could be focused around topics of greatest interest to them. In addition, it may be easier to run a meeting that supports the special needs of particular groups, such as individuals with disabilities. The focus groups then can serve two functions: including a broader range of people in QA Committee work, and as a strategy for obtaining feedback from stakeholders of the Developmental Disabilities program. (For strategies related to planning and running focus groups, see Chapter 5 on Measuring Customer Satisfaction.)



- Some counties are using the DD Advisory Committee of the Mental Health Advisory Group as their Local QA Committee. There is no requirement that says that the Local QA Committee must be separate from other committees, as long as it is able to carry out its work related to the local and state quality programs.

GENERAL TIPS

Many of the following tips were provided by QA Coordinators from their experience in working with QA Committees.

- Consider any mistakes that you make as opportunities for learning.
- Provide training from the beginning. Give an overview of program and then at each meeting focus on a different parts of the local system and Quality Program.
- Offer refreshments or provide lunch.
- Have a Question and Answer time after each topic and meeting.
- Send reminder 1 week prior to meeting.
- Make sure the committee both understands they have things to do, and that they do them. For example, ask the committee to develop a consumer satisfaction survey. Hands on concrete tasks are great for maintaining interest and commitment.
- In one county, a committee member called OTAC to get regional training and also developed a letter to the legislature.
- Give frequent feedback to the committee. Let them know what happened to their recommendations from previous meetings.
- Help committee members to stay organized. Provide notebooks for committee members. Organize sections of the notebook for the meeting calendar, agendas, minutes, OARs, and local QA plan. Give them handouts that already have been three-hole punched.
- Include a time for information-sharing on the agenda.
- Ask the committee “What do you want to hear”?



QUALITY ASSURANCE COMMITTEE MEMBERSHIP

Objective: Define who may be members of the county’s QA Committee, and provide suggestions for how to recruit members, and how to maintain their interest.

Requirements: 411-320-40 Community Developmental Disability Program (08/03/04)

(e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

(B) *Committee membership will include persons representing self-advocates, service providers, advocates, family members of individuals with developmental disabilities and Service Coordinators.*

There are no specific requirements for the structure of the Local QA Committee.

Guidelines and Suggestions

MEMBERSHIP

1. Consider using an existing group (e.g., DD Advisory Committee, DD Planning Committee or DD Council) to assume the role of Local QA Committee. This provides experienced, committed members, and reduces the number of separate groups-- Washington, Deschutes, Mid-Columbia are using this strategy.



2. “Promote” the SERT Team. There has been a requirement for SERT review teams for a few years. Some counties have chosen to combine the SERT team function—reviewing trends and patterns in serious incidents—with the broader role of a Local QA Committee. Lane County has shifted the review of SERT incidents to an internal committee, and asked former SERT Team members to become the QA Committee. This provided a core of dedicated and experienced members.

RECRUITING NEW MEMBERS

1. Develop a Recruitment Packet. Pull together a set of materials that describe the role and responsibilities of the Local QA Committee. Include, for example, copies of the mission statement, Team Charter, Position Description, a sample agenda and minutes. Put everything into a brightly colored folder to give to prospective members. They will get the impression that the committee is well-organized and worth their time.

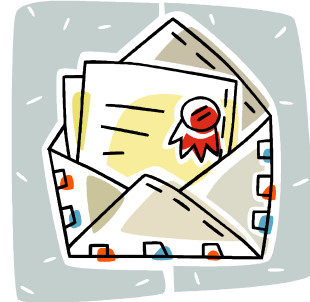
2. Maintain a Continuous Recruitment Effort. Don't wait until you need to fill a position on the committee to begin the recruitment effort. Use everyday strategies, such as:
 - Ask existing members to bring a friend or colleague to a meeting.
 - Ask staff members to recruit self-advocates and family members for committee,
 - Announce when meetings are held and invite interested persons to visit.
 - Advertise in local agency newsletters or the Clarion.
 - Consider who you know who would be a valuable addition to the committee, and “Just ASK”!! Many people would be willing to volunteer, but need to be asked. You'll be surprised how many people will say “Yes!”

3. Recruit members from self-advocacy organizations...such as People First!, Self-Advocates as Leaders, and Partners in Policymaking. Advertise in their newsletters, go to meetings, talk with group leaders for recommendations. Going directly to these organizations will help you to find individuals who are likely to have had training and experience related to working on committees.

4. Do a recruitment presentation or conduct a focus group at a conference or local meeting. There are several conferences in Oregon during the year that include participation of individuals who are interested in issues related to developmental disabilities. For example, try OHSU's Wellness Conference, the Oregon Developmental Disabilities Inservice, The Arc Convention, or the People First Convention. If you can, submit a proposal for a presentation to get on the schedule for the conference, or ask for a “poster session.” Attend local meetings of The Arc, service clubs, or other groups to explain the role of the committee and invite individuals to visit a meeting.



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5. Invite members of the DD Advisory Committee and/or Mental Health Advisory Group to participate. If your QA Committee is a separate group, this will strengthen a valuable link between these groups.
 6. Send a letter to the Executive Director of local agencies asking them to identify a participant. The Executive Director may have too many commitments to become a good, active committee member. However, they know who in their agencies have the energy and interest to take on this role.
 7. Invite existing committee members to participate in the recruitment effort. Everyone on the committee has a network of friends and colleagues. Use these networks to help to find people with an interest and skill to offer.



MAINTAINING INTEREST OF MEMBERS

1. Visual Record. Do not assume that everyone is at the same reading level. Outline the agenda and record the discussion and conclusions onto newsprint using colorful pens and images.
2. Small Group Discussion is Vital. Allow time to use small groups during the meeting so members can talk with one another about their questions or the meaning of some information that is being presented before sharing with the full group.

People who are hesitant to talk in front of the full committee may be valuable contributors in small groups.

3. Involve Members in Presenting Information to the Full Group. Ask committee members to join work groups and be responsible for bringing information back to the full group. Be prepared to allow time and staff to facilitate these work groups. Use a work group to prepare committee members for a full group meeting by disseminating materials and the agenda well in advance and request a specific task to be completed. If members with disabilities have personal assistants working with



them, ensure that the assistants have information about the meetings so they may support the individual's participation as well as offer insight themselves.

4. Use Posters. Present information in a concrete and relevant manner using colorful posters that summarize the highlights of the meeting or of a specific issue. Be clear and brief with more detailed information in a handout or via presentation.

5. Do Something. It is important that committee members feel that they are accomplishing something, making a contribution to their community, by



means of their participation on the QA Committee. Recruit their full involvement in planning annual focus group meetings and consumer satisfaction surveys. If meetings consist of primarily presenting information to committee members, their interest and attendance will quickly wane. However, if the committee is responsible to establish policy, develop procedures, or plan events, they are more likely to feel that their time is being well-used. Be clear about which decisions can be made by the committee, and which are reserved for CDDP personnel.

6. Have Some Fun!! Make sure that committee meetings include fun as well as hard work. Start and end every meeting with a joke. Ask members to bring in “Quality-focused” cartoons. Give members opportunities to move around during the meeting—even stretching their legs will help with their ability to focus on the work at hand.

7. Offer Refreshments. Food and beverages always help groups to feel better about attending a meeting. Offer at least ice water, or coffee and tea, to help people feel comfortable. Cookies or healthy fruit and vegetable snacks go a long way in helping you have satisfied committee members!!



LOCAL QUALITY ASSURANCE COMMITTEE MEETINGS

Objective: Provide ideas for how to structure meetings of the Local Quality Assurance Committee to ensure that the work of the committee is accomplished.

Requirements: There are no requirements in the Oregon Administrative Rules specifically related to the number or format of meetings of the Local QA Committee. The CDDP is expected to convene the committee as often as needed to carry out the responsibilities of the committee related to the local quality program.

Guidelines and Suggestions

SCHEDULE

1. Develop an annual calendar of meetings. Determine the topics that must be addressed by the committee across the year, and the time of the year at which these topics are most appropriate. For example, you may want to reserve a meeting in December or January for the committee to review the local Annual Quality Plan. Include on your planning calendar the topics, reports, and other materials that you will need to prepare for the committee. Then use this calendar to guide your work.

Sample Annual Planning Calendar for Committee Meetings

Month	Topics	Reports/Handouts
January	<ul style="list-style-type: none"> • Review/approve Annual Quality Plan • Discuss priorities for Work Plan 	Revised Annual Quality Plan
February	Participant Health and Safety Review (Outcomes 1,2,5): <ul style="list-style-type: none"> • Facility Checklist reviews • Abuse and PSI data 	Annual Plan section Facility Checklist summary SERT data
March	Participant Health and Safety Review (Outcomes 3,4,6): <ul style="list-style-type: none"> • Grievances and Complaints • Monthly monitoring visits 	Annual Plan section Grievances & complaints Monthly monitoring visits summary
April	Qualified Providers Review <ul style="list-style-type: none"> • Licensing and certifications • Results of corrective action plans 	Annual Plan section Licensing/certification report
May	Plans of Care Review <ul style="list-style-type: none"> • Licensing/certification reviews re: plans of care • Monthly monitoring visits 	Annual Plan section Plan of Care report

(continued on next page)

**Sample Annual Planning Calendar for
Committee Meetings (*continued*)**

Month	Topics	Reports/Handouts
June	Level of Care Need Determinations • Waiver Reviews	Annual Plan section Summary of waiver reviews
July	Financial Accountability and Administrative Authority	Annual Plan section Results of Audit
August	Cancelled due to summer vacations	
September	SERT System Review • Review trends and patterns	Annual Plan section SERT reports Recommendations from SERT Team
October	Training session for Committee members	TBA
November	• Review Customer Satisfaction data • Complete plan for measuring customer satisfaction next year • Review surveys for needed changes	Annual Plan section Results of fall survey Results of focus groups
December	Cancelled due to holidays	

MEETING FORMAT AND PROCESS

Guidelines for making any meeting interesting and productive also apply to QA Committee meetings. Here are a few ideas:

- Use a standardized agenda format, based on the calendar of topics.
- Take minutes that are easy to read and that document all of the decisions made by the group. Information about the major points of discussion also is useful for later reference.
- Be clear about what you are asking of the Committee. Identify the points in the agenda where you will be asking them to vote, make a recommendation, or support an action that the QA Coordinator is proposing.
- Consider using something like the *Critical Questions Workbook* (available from SPD's Quality website: <http://www.Oregon.gov/DHS/SPD/QA/home.shtm>) for organizing a process for the Committee to review data and make recommendations.

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-
- Involve committee members in identifying areas of service or outcomes needing improvement. Through their experience with various aspects of the system, they often can offer valuable insights that give more depth to data presented.
 - Keep the meeting moving. Stay on task and focused. But allow time at the start, end or during a break, for free conversation and relaxation.



CONFIDENTIALITY

It is critical to maintain confidentiality regarding individual information when working with the QA Committee. Some QA Coordinators have raised issue related to their ability to maintain confidentiality related to individuals, when discussing incidents, particularly in smaller communities. Here are some things to consider:

- Only provide summary, grouped data to the Committee, rather than data on individual incidents.
- Ask all committee members to sign a confidentiality agreement when they agree to join the Committee.
- Be alert. Help others on the Committee to live up to your expectations regarding maintaining the confidentiality of individual information. Interrupt a person who seems to be about to make a mistake in this area.

A complete review of information related to maintaining confidentiality is beyond the scope of this Resource Manual. However, there is an excellent resource on confidentiality on the DHS website:

<http://www.dhs.state.or.us/spd/tools/additional/generic/a.htm>

HELPING PEOPLE WITH DISABILITIES TO PARTICIPATE IN A MEANINGFUL WAY

Objective: Identify ways to support, involve, and encourage people with disabilities to actively participate on the Committee.

Requirements: 411-320-40 Community Developmental Disability Program (08/03/04)

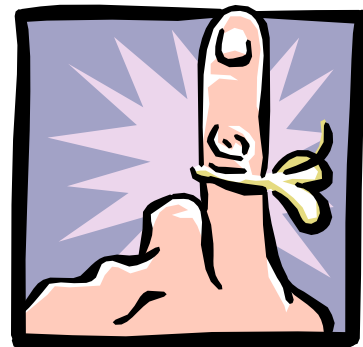
(e) *Local quality assurance committee. The CDDP will utilize a committee of stakeholders to assist in the development and review of local quality assurance plans and activities.*

(C) *Committee membership will include persons representing self-advocates, service providers, advocates, family members of individuals with developmental disabilities and Service Coordinators.*

Guidelines and Suggestions

PROVIDE SUPPORT TO INDIVIDUALS TO PARTICIPATE FULLY

1. Provide Clear Job Description of Individual's Role & Responsibilities. Describe a specific project that the individual might work on first or what subcommittee she will be a part of. For example, she might be on the subcommittee that will plan a focus group to gather information on customer satisfaction. Give examples of what she might talk about at a meeting and how long it might take to prepare for the meeting. Explain the use of term appointments so that people understand that they are agreeing to serve for a specific period of time.
2. Provide Reminders in Between Meetings. Some individuals will need assistance with remembering meeting times and locations, following up on tasks, or remembering to bring needed materials to the meeting.



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3. Prepare the Individual for Each Meeting. Prior to the meeting explain the goal(s) of the meeting and explain how the group works. Discuss how people communicate with each other, and whether there are any particular rules that are followed by the group. Work together to help the individual think about what he will talk about during the meeting, the points she wants to make. Go over any materials prior to the meeting, such as minutes, agendas, or other handouts, to help familiarize the individual with these. Explain any hard to understand language that may appear. Help them to develop a list of questions they may want to bring up during the meeting.
 4. Support the Individual During the Meeting. Prior to the meeting, talk with the individual about the types of support she may need during the meeting. For example, some individuals may need help to meet other Committee members, and to remember names. Some may need assistance to stay on the topic, or a reminder of what they had planned to say.
 5. Provide Support After the Meeting. Take time after the meeting to review what was accomplished with the individual. Help the person to manage the materials from the meeting, storing them appropriately so they are ready for the next meeting. For those people with disabilities who have personal assistants ...involve them.
 6. Help the Individual to Understand the Meaning of “Quality” and “Quality Assurance.” For example, explain that this is a way to “make sure that you are Happy, Healthy, and Safe” or “Quality Assurance is a way to make sure that everyone who receives services is Happy, Healthy, and Safe.”
 7. Keep the Meeting Short. Shorter meetings will help everyone to stay more focused on the topic at hand.
 8. Include More Than One Person with Disabilities in the Group. Joining a committee as the only person with disabilities participating may be daunting. Ask more than one person to join the Committee at the same time, so that they can be supporters to each other.



ESTABLISH INCLUSIVE METHODS

For every meeting, it is helpful to use methods that are inclusive of varying skills and abilities. Many of the strategies already discussed in earlier sections of this chapter also apply to supporting people with disabilities to participate fully.

-
1. Use Visual Records. Do not assume that everyone is at the same reading level. Outline the agenda and record the discussion and conclusions onto newsprint using colorful pens and images.
 2. Small Group Discussion is Vital. Allow time to use small groups during the meeting so members can talk with one another about their questions or the meaning of some information that is being presented before sharing with the full group. These small groups should be facilitated.



3. Involve Members in Presenting Information to the Full Group. Ask committee members to join work groups and be responsible for bringing information back to the full group. Be prepared to allow time & staff to facilitate these work groups. Use a work group to prepare committee members for a full group meeting by disseminating materials and the agenda well in advance and request a specific task to be completed. If necessary, review the completed task a couple of days before the full group meeting. If members with disabilities have personal assistants working with them, ensure that the assistants have information about the meetings so they may support the individual's participation as well as offer insight themselves.

4. Use Posters. Present information in a concrete and relevant manner using colorful posters that summarize the highlights of the meeting or of a specific issue. Be clear and brief with more detailed information in a handout or via presentation. Use symbols as much as possible to represent words or in conjunction with words.

5. Do Something. It is important that Committee members feel that they are accomplishing something, making a contribution to their community, by means of their participation on the QA Committee. Recruit their full involvement in planning annual focus meetings and consumer satisfaction surveys. If meetings consist of primarily presenting information to committee members, their interest and attendance will quickly wane. However, if the committee is responsible to establish policy, develop procedures, or plan events, they are more likely to feel that their time is being well-used.



SOME USEFUL RESOURCES

- Aging & Disabilities Resource Centers Technical Assistance Website:
<http://www.adrc-tae.org>
- The University of Montana Rural Institute. Rural Practice Guidelines:
Involving People with Disabilities as Members of Advisory Groups.
<http://rtc.ruralinstitute.umt.edu>
- The Oregon Developmental Disabilities Council. (1995). *Not Another Board Meeting: Guides to Building Inclusive Decision-Making Groups*. Available from the Oregon Developmental Disabilities Council, 540 24th Place N.E., Salem, OR 97301 (503) 945-9941 or 1-800-292-4154 (in Oregon).

Cost: \$10 per copy (discounts for multiple copies).

Local Quality Assurance Resource Manual

Chapter 4

Compiling, Analyzing and Presenting Data



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the State's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Compiling, Analyzing and Presenting Data

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DATA TO BE COLLECTED, COMPILED AND REPORTED

- Objectives:**
- Define requirements for quality assurance data collection and reporting.
 - Discuss the types of data and information that should be presented to Quality Assurance Committees.

Requirements: Evaluating the local service delivery program is required by the Oregon Administrative Rule for CDDPs.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-0040 Community Developmental Disability Program (08/03/04)

- (9) *Local quality assurance program. ...*
- (a) (A) (Sections deleted)
- (ii) *Generally improving the quality of services by evaluating service delivery and outcomes and adjusting local planning and performance where needed.*
- (B) *Include all Department-funded developmental disability services provided within the county,....*
- (C) *Include, at a minimum, the quality indicators and all activities that are to be carried out at the local level according to the most recent edition of the Department's Quality Assurance Plan for Developmental Disability Services (Department's QA Plan).*
- (b) (Sections deleted)
- (C) *Implement the activities defined in the local QA plan, including the timely delivery of data and information to the Department as required in the Department's QA plan.*
- (D) *Maintain data and information that has been gathered through implementation of the local QA plan.*
- (E) *Maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered.*

(Section deleted)

(G) *Maintain records that document:*

- (i) *The CDDP's performance of the activities described in the local QA plan*
- (ii) *The CDDP's performance measured against statewide performance requirements as specified in the Department's QA plan*
- (iii) *The CDDP's findings, corrective actions and the impact of the corrective actions that have been reviewed at a policy level within the CDDP's department structure within the County;*
- (iv) *The timely submission of information to the Department, as required in the Department's QA Plan.*

(c) *Performance Requirements....*

- (A) *The CDDP will collect and analyze information concerning performance of the activities represented in OAR 411-320-0040(9)(a)(A), in a manner specified in the Department's QA Plan.*
- (B) *Data concerning the CDDP's performance will be sent to the Department in the format and within the timelines established by the Department.*

(Section deleted)

(D) *Records that document the CDDP's performance will be maintained and be made available to the Department or its designee, for audit purposes, upon request.*

(Sections deleted)

(e) *Local quality assurance committee....*

(Section deleted)

(B) *Activities of the committee will include:*

(Section deleted)

- (ii) *Providing review and comment on data gathering instruments and methods; and*
- (iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*

Guidelines and Suggestions

THE REQUIREMENTS: WHAT DO THEY MEAN?

Some of the principles that set “Quality” apart from many approaches to management are a fundamental reliance on using data to make decisions, taking action to improve performance, and using data once again to determine if the actions taken resulted in an improvement.

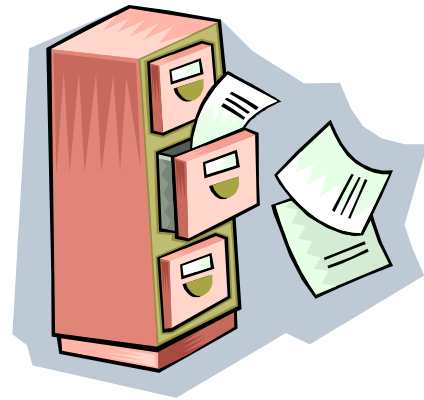


Quality Assurance, similar to Quality Control in industry settings, is a basic function of Quality which involves measuring performance against a standard and taking corrective actions to ensure that performance stays within the specified acceptable range. Thus, carrying out a local Quality Assurance Program for developmental disability services means having systems for measuring local performance, collecting and analyzing performance data, and

taking action on the results to ensure that performance meets or exceeds standards.

Given this understanding of Quality Assurance, Seniors and People with Disabilities expects that CDDPs will maintain:

- 1) A set of fundamental Quality Assurance systems or processes (also known as “**Quality Components**”),
- 2) **Data** that document both the presence of the Quality Assurance system and the performance in the area the system is measuring, and
- 3) Evidence of the results of **corrective actions** taken to improve performance.



The specific Quality Components which SPD expects CDDPs to maintain are defined in the State Quality Assurance Plan, OARs for CDDPs, and contracts. CDDPs are expected to carry out many of these components on an ongoing basis. For others, SPD expects CDDPs to participate in a periodic statewide activity by Rule, Contract or at Department request. The **Table of Minimum Requirements** that follows summarizes the minimum requirements for Quality Components. Of course, a CDDP may choose to implement additional Quality Components that are appropriate to their local area.



Each SPD QA Plan goal involves one or more Quality Components. In addition, several of the Quality Components provide data related to more than one goal. For example, the Quality Component “Licensing, Certification Reviews” provides performance information regarding assuring QA plan Goals #1. Health and Safety, #2. Developing, Monitoring, and Reviewing Plans of Care, #3. Services Provided by Qualified Providers, and #6. State Financial Accountability. The table “**Quality Components by SPD QA Plan Goals**” summarizes the SPD plan goals for which each Quality Component is expected to be used.

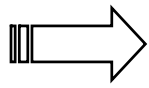
Table of Minimum Requirements. CDDP may choose to develop additional activities, goals, and objectives

Quality Assurance Components	Maintain local process for gathering, reviewing, responding to data	Participate in statewide activity by Rule, Contract, or at Department request	Establish local success indicators related to Department goals and desired outcomes	Establish local benchmarks unless otherwise specified by Department	Establish local timelines unless otherwise specified by Department
Licensing, certification reviews	X	X	X	X	X
SERT	X	X	X	X	X
Service coordinator monitoring, inc. annual plan reviews (24-hour res., foster home)	X	X	X	X	X
OIT and local investigator information re protective services investigations	X	X	X	X	X
PSI investigator training, technical assistance, mentoring		X			
Death reports	X	X	X	X	X
Records of individual complaints, inc. contested case as well as other types	X	X	X	X	X
Service coordinator and provider training surveys		X			
Individual file reviews (re rights, plans, etc.)	X	X	X	X	X
Annual sample file review using HCB Waiver Service Review checklist	X	X	X	X	X
Service coordinator plan implementation reviews (Family Support, In-Home Comp)	X	X	X	X	X
Employment Outcome reports		X			
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	X	X	X	X	X
Records of provider sanctions and contested case hearings	X	X	X	X	X
Direct Care staff turnover records		X			
Special training project records		X			
Records of foster provider training and testing	X	X	X	X	X
Individual/family satisfaction surveys	X	X	X	X	X
Audits, financial reports, special inquiries/investigations re state or local operations	X	X	X	X	X

Table of Quality Assurance Components by SPD QA Plan Goals

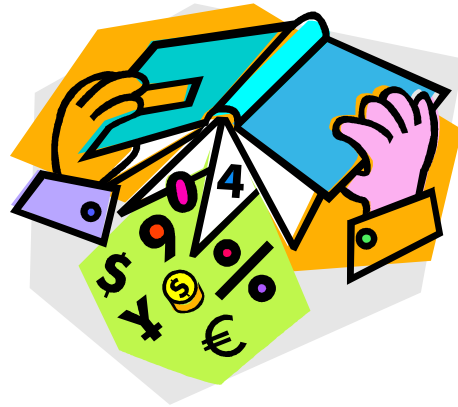
Quality Assurance Component	Goal	1. Health & Safety	2. Plans of Care	3. Qualified Providers	4. Level of Care Need	5. Admin. Authority	6. Financial Accountability
Licensing, certification reviews		X	X	X			X
SERT Records		X		X		X	
Service coordinator monitoring, inc. annual plan reviews (24-hour res., foster home)		X	X	X			
OIT and local investigator information re protective services investigations		X					
PSI investigator training, technical assistance, mentoring		X					
Death reports		X					
Records of individual complaints, inc. contested case as well as other types		X					X
Service coordinator and provider training surveys				X			
Individual file reviews (re rights, plans, etc.)			X				
Annual sample file review using HCB Waiver Service Review checklist			X		X	X	
Service coordinator plan implementation reviews (Family Support, In-Home Comp)							
Employment Outcome reports			X				
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)			X	X	X	X	X
Records of provider sanctions and contested case hearings				X			
Direct Care staff turnover records				X			
Special training project records				X			
Records of foster provider training and testing				X			
Individual/family satisfaction results			X				
Audits, financial reports, special inquiries/investigations re state or local operations							X

WHAT IS AN INFORMATION SYSTEM?



Consider how your information management and response system is organized. The **Performance Measurement Model** provides a graphic to help you envision a system.

The Performance Measurement Model in the figure that follows, depicts the design of a system for measuring performance for improvement. Starting at the bottom of the page, in counter clockwise order, the following items describe each of the major components of the model.



Processes and Systems: These are the means by which we get work accomplished. Any process or system includes a set of “inputs” (resources that come into the system) and “outputs” (the “yield” of the system, what it generates).

Outcomes/Results: The processes and systems yield something—outcomes or results for the customers. The distinction between “outputs” and “outcomes” is not important to this discussion.

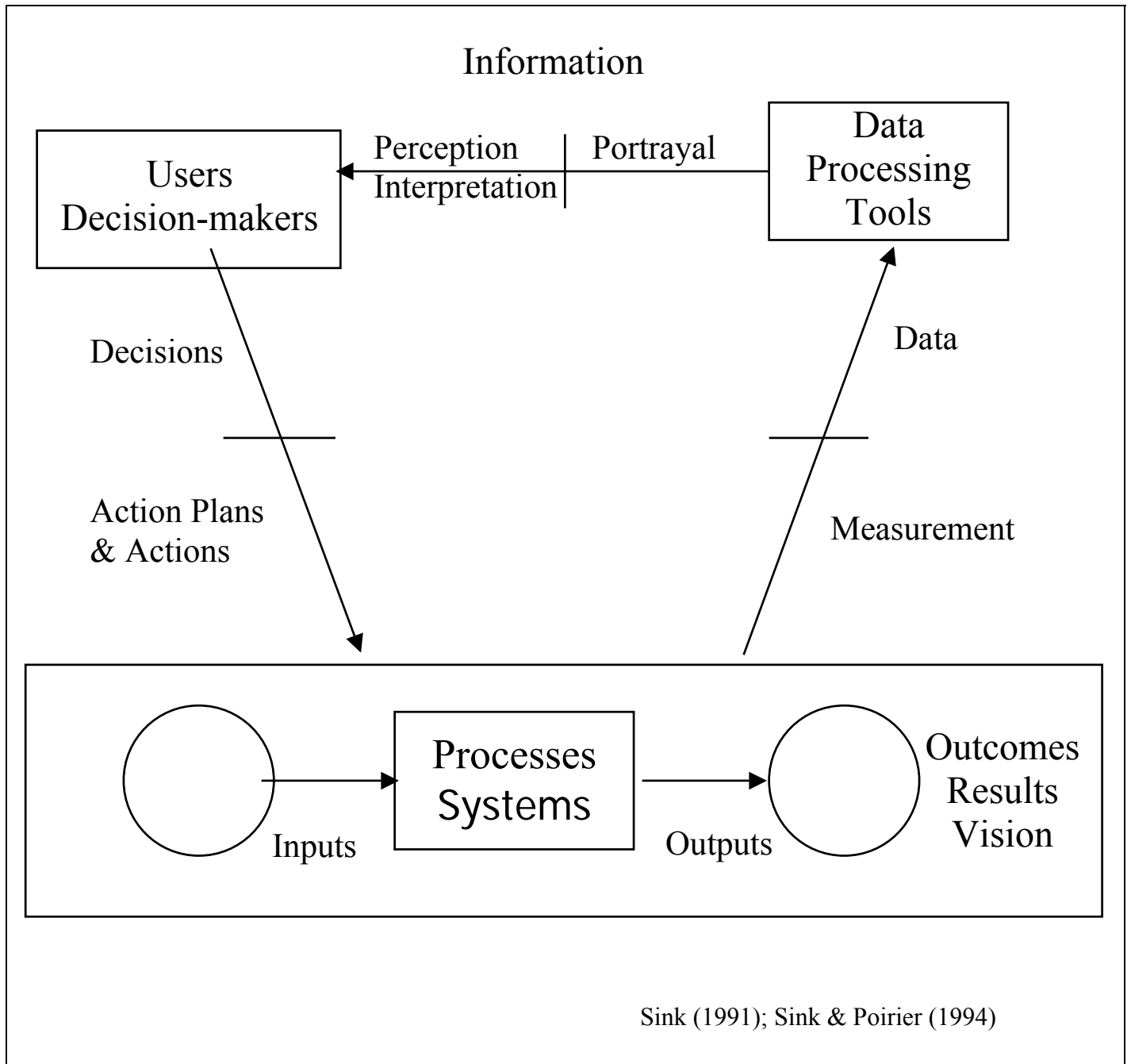


Measurement: Refers to measurement systems or tools, such as data collection forms, case file review checklists.

Data: The measurement devices yield data related to the performance of the system.

Data Processing Tools: These include methods used for compiling, organizing and presenting data for analysis. Tools may consist of a fancy database system, a spreadsheet, a calculator, pencil and paper, or a combination of these.

The Performance Measurement Model



Portrayal: As a result of the data processing, the data on system performance is portrayed in a way that will be used for decision-making. Many different options are available—both good and bad. For example, the portrayal may



consist simply of the raw data themselves, a table of numbers, or graphs that depict patterns or trends, or even a verbal description of the results.

Perception/Interpretation: The people who receive the portrayal of the data use their perception of the data to interpret its meaning. At this point, data has been turned into *Information*.

Users/Decision-makers: These are the people who are to use the information—whether they be direct line staff, mid-managers, QA Coordinators, Program Directors or the QA Committee. The

Performance Measurement Model applies to any level of an individual organization, county, etc.

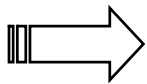
Decisions: Based on their interpretation of the information, the users/decision-makers make choice about what they will do. They may choose to do nothing, or to take action to change the performance of the system.

Action Plans & Actions: The decisions must be turned into plans for how to take action—the actual steps that will be carried out, by which person, when. The effects of these Actions on the system, then, will be measured on the next trip around the Performance Measurement Model.



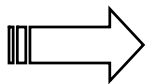
Thus, based on the logic of the Performance Measurement Model, we can draw several guidelines related to data for CDDPs.

1. Determine the kinds of data that need to be collected, and how that data should be portrayed based on the decisions that need to be made related to the system.



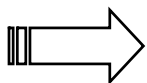
For CDDPs, this means that data needs to be collected and compiled to demonstrate the effectiveness of the Quality Program, and in particular related to the six Goals and their Desired Outcomes. The *Critical Questions Workbook* provides one way to think about what data to collect and how to organize it for decision-making.

2. Design measurement tools that will facilitate data collection and compilation.



For example, when doing the Title XIX Waiver file review, use a second form to tally the issues related to all files reviewed. Place the tally mark next to the part of the review checklist which was not met by a file. Tally the results from all files onto the same form. At the end of the review, you will have a visual picture of the biggest issues related to files. And, you will have that WITHOUT resorting to a fancy database or spreadsheet. A fancy database or spreadsheet can be great, but don't let it get in your way if you don't have that available. Start small, with something simple, to help you organize data. Over time, your data systems will get better and better, and easier to manage, as you develop skill in this area.

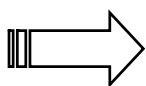
3. Organize data in a way that will make it easy for users to interpret the information for making decisions.



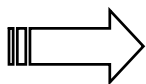
Use the principles suggested in the following section in designing how to portray data for decision-making.



4. Make decisions related to what actions need to be taken to improve the system performance.

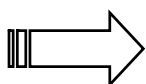


Discussing the data is not enough. What actions will result in a change? Action plans and actions may relate to inputs (resources), the processes, measurement devices, or data to be collected.



Be clear about the action to be taken and follow-up to be sure that the plan was implemented as planned. There have been many “unsuccessful” plans for improving performance that actually never had a chance to succeed, since they were not implemented in the way they were intended.

5. Repeat the cycle. One of the things that sets Quality apart, is its reiterative process—do something, study it, analyze how it worked, make a decision about how to improve, then do something, study it, analyze how it worked, and make a decision about how to improve it further. Rather than linear thinking, moving from one crisis to the next, a QA Coordinator should ensure that the Quality Program moves through a continuous upward spiral of improvement. (See Chapter 6 on Quality Improvement Projects).



When the QA Committee requests an improvement project, be sure to bring the results back to the committee, as soon as data are available. Then, they can review the impact of their actions, and make a decision if other actions are needed.

WHAT DATA?

In SPD’s QA Plan/Report to CMS, SPD has identified a set of “Success Indicators”—measures with targets. SPD selected these based on the promises made in the State QA Plan. SPD will report to CMS on performance on these Success Indicators, including the results

of action taken to improve performance. SPD has **not** required that CDDPs use the same success indicators. However, as described above, SPD does expect that the Quality Components will be in place, that the CDDPs will have appropriate data, and that CDDPs will have documentation of the results of corrective action taken. Given all that, CDDPs can select for themselves the specific data to be collected and reported to document performance related to the assurances.

CDDPs Should Maintain Data That Document:

- That the QA Component is in place.
- The results discovered by the QA Component.
- The results of corrective actions taken.

The *Critical Questions Workbook* provides a tool for helping CDDPs and QA Coordinators to work through the process of identifying measures from Quality Components relevant to each Goal and Desired Outcome. The Workbook, organized by Desired Outcome within each Goal, suggests sample measures for each targeted Quality Component. The examples are only samples, and are not required.



When selecting a measure, keep in mind several considerations:

- Clearly define the measure. Write it so that other people will know what is to be measured.
- Review the measure to be sure that it actually will give information about what you want to know. What indicators will help you monitor the conditions that create accidents and injuries? What will help you monitor the causes of known, chronic problems? What indicators will tell you if you are routinely serving your customers' needs?
- Consider if this measure will be of interest to, and understandable by, the QA Committee.
- Think about how you will report the results. Will you be able to turn it into a graph? A table? Or will you need to use a narrative to describe what was found?
- Consider what resources and tools you have for compiling and organizing the data for the reports. Will you need to compile it by hand? Using an Excel spreadsheet? Using a database? Will there be someone to help with data entry? Be careful not to develop a measure that requires more time and "power" for data collection, compilation, and analysis than you have available.
- Identify the specific form and questions that will be used for collecting data. Make sure that those are written in a way that anyone using them would give the same answer when reviewing the same information.
- Is there a way to lay out the form so you can graph the results directly? See "Tips for Data Collection" later in this chapter for some ideas.
- Use a Protocol to define additional aspects of the measure, such as how often it is collected, how samples will be drawn, how data will be collected, and the person responsible. The sample form that follows has been reviewed by CMS.

SAMPLE MEASUREMENT PROTOCOL FROM SPD SUPPORT SERVICES PLAN

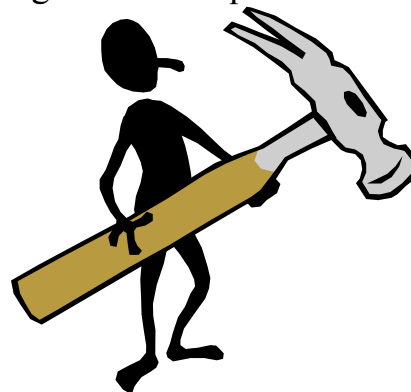
HOME AND COMMUNITY BASED SERVICES QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN DETAIL

- I. Area of Inquiry:** QA Plan Section 2. Developing, Monitoring, and Reviewing Plans of Care
- II. QA/QI Indicator:** QA Plan Section 2, Desired Outcome 3. Individuals receive services required to meet needs.
- 1. QA/QI activity:** Staley Team 5% Field Review Sample
 - 2. Frequency of QA/QI activity:** Annual
 - 3. Sampling methods:** SPD Central Office will pull at least 5% random sample of Support Service waiver service recipients enrolled in each Brokerage, with at least one individual from each county served by each Brokerage
 - 4. How data will be collected:** SPD Central Office staff on the Staley Team will conduct on-site reviews including examination of individual files (Medicaid TXIX Waiver Form, Customer Goal Survey, ISP, Basic Supplement Criteria Inventory, quarterly and annual reviews, progress notes, correspondence, incident reports) and discussion with Brokerage staff. Data will be recorded on paper checklists and returned to SPD Central Office to be aggregated and summarized.
 - 5. Person responsible for QA/QI data collection:** Manager, Medicaid In-Home Support Services
 - 6. Acceptable threshold of performance for 2.3.1:** Individuals receive services required to meet needs. Personal agents respond to requests and needs. These statements must be true for at least: 80% of records reviewed 2005; 85% of records reviewed 2006; 90% of records reviewed 2007.

Date adopted by QA Committee: 2/28/05 (Note: re-evaluate annual benchmarks when 2005 results are available).

Troubleshooting Logic

There is probably an infinite number of potential measures that could be used to give a picture of developmental disability services. One useful approach is to think about it in terms of “troubleshooting.” Troubleshooting is a technique often used by auto mechanics and others who service equipment. They try to find the cause by asking the fewest number of questions; i.e., by taking the fewest number of measures. Each measure is carefully selected to eliminate a large portion of the possible causes. Thus, the first few measures give a broad picture of the status, and then the troubleshooter follows the path of the measure which indicates a biggest issue or the most likely potential cause of the reported problem.



CDDPs and QA Committees may employ a similar logic—begin with a few “high level” measures, and then seek more detailed information only around the item that appears to be the issue. This approach will support effective use if the committee’s time, ensuring it is focused on the most important issues.

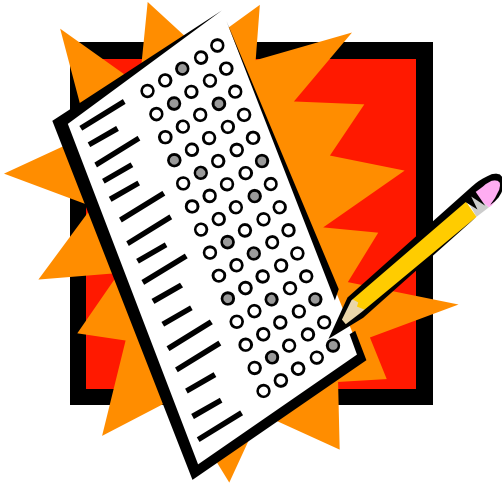
Types of Data

In general, data fall into two broad categories: “opinion” data and “observable” data. Data that records the perceptions and opinions of individuals or groups of individuals—also referred to as “qualitative data”—is useful in understanding meaning, and developing future evaluation questions. Usually “opinion” data cannot be generalized to be representative of a larger group of people, but instead represents the thoughts of the particular individual or group from which the data were collected. Focus groups, interviews, and open-ended questions on surveys are good sources for stakeholder opinion data.

Observable data, on the other hand, represents things that can be seen and measured more directly, for example by counting or by timing the duration of an event. The number of SERTS per reported month and the % of providers with criminal history checks are good examples of observable data.

Sometimes, a data source can provide both opinion and observable data. Incident report forms, for example, include observable data in the form of the date and time of the incident, or the incident category. However, they also include opinions, when asking questions such as “What could have been done to avoid the incident?”

SPD is interested in two focus areas for data: **Process** data and **Results** data. Process data answers the question, “*Are the PROCESSES for assuring quality in place and functioning well?*” For example, “What percentage of sites received a service monitoring visit in the past year?”



Results data tells us, “*What are the RESULTS that were discovered when we implemented those quality assurance processes?*” For example, “What percentage of ISPs reviewed that require protocols have all the protocols written and implemented?”

Thus, a CDDP should present to its QA Committee information on both the implementation of the process of the Quality Component, and the results discovered through that component. A sample of the questions that the committee may be asked to answer follows.

S A M P L E

Goal 1: Participant Health and Welfare

CRITICAL QUESTION: Are individuals in home and community-based services safe and secure in their homes and communities, taking into account their informed and expressed choices?

Desired Outcome 1: Individuals live in safe physical environments.

- **Quality Component: Licensing and certification**
 - Does our CDDP have a process that works well?
 - What did we find out about performance on this desired outcome?

- **Quality Component: SERT**
 - Does our CDDP have a process that works well?
 - What did we find out about performance on this desired outcome?

- **Quality Component: Service Monitoring Visits**
 - Does our CDDP have a process that works well?
 - What did we find out about performance on this desired outcome?

It may be possible, particularly in smaller counties, to answer questions such as these based on the opinion of Service Coordinators and the QA Coordinator. In some cases, opinion may be the only way to answer some of the questions about service quality. In general, however, when it is possible to use observable data, and when the data are collected following a good protocol, then it is better to use that. Our opinions are easily influenced—by the most recent information we have received, by our individual biases, or by what we hope is the result. So, while a QA Committee in some cases will need to rely on the opinion of CDDP staff, supporting that opinion with observable data will make a stronger presentation.

Table of Types of Data

	Opinion Data	Observable Data
Process Data	People’s opinion about when, how often or how well the QA Component was carried out	Actual records of the dates when the QA Component was carried out
Results Data	People’s opinion about what was found when the QA Component was carried out	Actual records of the result of the implementation of the QA Component—what was found.



TIPS FOR DATA COLLECTION

There are a variety of ways to collect data that may be useful and less labor intensive than setting up a fancy database. However, using some of these methods won't give you all of the power of the database system. But, these are a good way to get started, particularly when building a database feels like climbing the Matterhorn or building Taj Mahal.

Checksheet: A checksheet is one of the simplest ways to collect data.

- Develop a form that includes all of the variables that you will be checking.
- Then use that form to record a tally mark each time that variable is observed.
- At the end of the data collection effort, simply count the number of instances of each of the variables.
- This type of data is best presented as a Pareto Chart (See “Tips for Graphing”).
- See the sample labeled “Basic Checksheet.”

Sample “Basic Checksheet: Number of protocols in place”

Item	Tally of number of protocols
Aspiration	//// //
Constipation	//// //// ////
Dehydration	//// //
Seizures	///
Other	

Instructions: In the left column, record the items that you will be tracking. Then each time one is discovered, add a tally mark in the column to the right. Be sure to add identifying information about the set of data, such as the time period, sites, service coordinator, etc.

Checksheet –Yet another way.

- Another simple checksheet uses an existing form as the checksheet form.
- If you are checking several copies of a specific form, and may find errors in any of several places on the form, it may be easiest to use a copy of the form itself as the checksheet.
- Each time an error is found, record a tally at the spot on the form where the error occurred.
- At the end of the data collection effort, simply count the number of instances of each of the “fields” of the form.
- This type of data is best presented as a Pareto Chart (See “Tips for Graphing”).
- See the sample labeled “Checksheet—Using an Existing Form.”



Sample “Checksheet—Using an Existing Form”

Title XIX Review: Other Review Information					
1. DD Eligibility Documentation: <input type="checkbox"/> MR <input type="checkbox"/> DD only		Yes	No	Notes	Date Corrected
FULL SCALE IQ	///// ///// ///	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation of disability other than MR	///// ///	<input type="checkbox"/>	<input type="checkbox"/>		
Adaptive Score	///	<input type="checkbox"/>	<input type="checkbox"/>		
Date of record	/	<input type="checkbox"/>	<input type="checkbox"/>		
Type of record	///// ///// //	<input type="checkbox"/>	<input type="checkbox"/>		
Originator of record	///// //	<input type="checkbox"/>	<input type="checkbox"/>		

Instructions: To tally across a set of review forms, use a blank review form and make a mark in the appropriate box for each form reviewed. Make a mark each time the required information was missing (“No”) based on the original review sheets.

Tally and Graph

- This format is based on how we used to score task performance on a task analysis form during training. It was helpful then, as a quick way to summarize how the person did we were training, and then build a graph on the same form.
- It would, therefore, be useful when you will be scoring the same thing (related to the same system or file or person) across time. It would not work well, as described here, for instances where you are collecting data for example on multiple files at the same review. A checksheet is better in that instance.
- Use a special form that is filled with numbers in columns, starting with 1 at the bottom and going as high as you need (and can fit between the bottom and top of the form). We usually had our forms numbered 1-25. Put as many columns of 1 to whatever (with a couple of spaces between each column) as will fit across the form. Leave space at the left of the form to record the variables on which you are collecting data. And, at the bottom, add identifying information for each column. It is hard to describe, so be sure to look at the sample provided for this one.
- So let's say you are reviewing your County Quality Assurance System and there are 19 things to be reviewed—each of the Quality Components, plus an up to date Annual Plan, and active QA Committee. For each of these, the question might be, “Is this system in place and functional at this time?” Answer the question for each item. Then, if an item is in place (meaning “it was last carried out according to schedule and standards, and is planned for the next scheduled occurrence”), circle the number that corresponds to that item. Leave uncircled those that do not meet standards. After reviewing all items, count the number of items scored as “in place and functional.” Then put an X on that number in that column. Use the same form, with data, the next time you record data on Quality Assurance System Requirements. Connect the X's from one recording date to the next to display a graph of the number of items in place across time.
- See the Sample “Tally and Graph” form



Sample "Tally and Graph" Form

Quality Assurance System: Minimum Requirements											
	20	20	20	20	20	20	20	20	20	20	20
	19	19	19	19	19	19	19	19	19	19	19
	18	18	18	18	18	18	18	18	18	18	18
Quality Assurance Coordinator	17	17	17	17	17	17	17	17	17	17	17
Quality Assurance Plan	16	16	16	16	16	16	16	16	16	16	16
Quality Assurance Committee	15	15	15	15	15	15	15	15	15	15	15
Licensing, certification reviews	14	14	14	14	14	14	14	14	14	14	14
SERT	13	13	13	13	13	13	13	13	13	13	13
Service coordinator monitoring	12	12	12	12	12	12	12	12	12	12	12
Local investigator information re PSI	11	11	11	11	11	11	11	11	11	11	11
Death reports	10	10	10	10	10	10	10	10	10	10	10
Records of individual complaints	9	9	9	9	9	9	9	9	9	9	9
Individual file reviews	8	8	8	8	8	8	8	8	8	8	8
HCB Waiver Review checklist	7	7	7	7	7	7	7	7	7	7	7
Serv Coord plan implem reviews (Family Support, In-Home Comp)	6	6	6	6	6	6	6	6	6	6	6
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	5	5	5	5	5	5	5	5	5	5	5
Records of provider sanctions and contested case hearings	4	4	4	4	4	4	4	4	4	4	4
Records of foster provider training and testing	3	3	3	3	3	3	3	3	3	3	3
Individual/family satisfaction results	2	2	2	2	2	2	2	2	2	2	2
Audits, financial reports, special inquiries/ investigations re state or local operations	1	1	1	1	1	1	1	1	1	1	1

Instructions: "Is this system in place and functional at this time?" Record the date at the bottom of the column you are scoring. Answer the question for each item. Then, if an item is in place (meaning "it was last carried out according to schedule and standards, and is planned for the next scheduled occurrence"), circle the number that corresponds to that item. Leave uncircled those that do not meet standards. After reviewing all items, count the number of items scored as "in place and functional." Then put an X on that number in that column. Use the same form, with data, the next time you record data on Quality Assurance System Requirements. Connect the X's from one recording date to the next to display a graph of the number of items in place.

Sample COMPLETED “Tally and Graph” Form

Quality Assurance System: Minimum Requirements											
	20	20	20	20	20	20	20	20	20	20	20
	19	19	19	19	19	19	19	19	19	19	19
	18	18	18	18	18	18	18	18	18	18	18
Quality Assurance Coordinator	17	17	17	17	17	17	17	17	17	17	17
Quality Assurance Plan	16	16	16	16	16	16	16	16	16	16	16
Quality Assurance Committee	15	15	15	15	15	15	15	15	15	15	15
Licensing, certification reviews	14	14	14	14	14	14	14	14	14	14	14
SERT	13	13	13	13	13	13	13	13	13	13	13
Service coordinator monitoring	12	12	12	12	12	12	12	12	12	12	12
Local investigator information re PSI	11	11	11	11	11	11	11	11	11	11	11
Death reports	10	10	10	10	10	10	10	10	10	10	10
Records of individual complaints	9	9	9	9	9	9	9	9	9	9	9
Individual file reviews	8	8	8	8	8	8	8	8	8	8	8
HCB Waiver Review checklist	7	7	7	7	7	7	7	7	7	7	7
Serv Coord plan implem reviews (Family Support, In-Home Comp)	6	6	6	6	6	6	6	6	6	6	6
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	5	5	5	5	5	5	5	5	5	5	5
Records of provider sanctions and contested case hearings	4	4	4	4	4	4	4	4	4	4	4
Records of foster provider training and testing	3	3	3	3	3	3	3	3	3	3	3
Individual/family satisfaction results	2	2	2	2	2	2	2	2	2	2	2
Audits, financial reports, special inquiries/ investigations re state or local operations	1	1	1	1	1	1	1	1	1	1	1
	7/03	10/03	1/04	4/04	7/04	10/04	1/05	4/05	7/05	10/05	1/06

Instructions: “Is this system in place and functional at this time?” Record the date at the bottom of the column you are scoring. Answer the question for each item. Then, if an item is in place (meaning “it was last carried out according to schedule and standards, and is planned for the next scheduled occurrence”), circle the number that corresponds to that item. Leave uncircled those that do not meet standards. After reviewing all items, count the number of items scored as “in place and functional.” Then put an X on that number in that column. Use the same form, with data, the next time you record data on Quality Assurance System Requirements. Connect the X’s from one recording date to the next to display a graph of the number of items in place across time.

Specific Data Collection Form

- Ok, we admit, we don't know what to call this type of form.
- But the HCB Waiver Review checklist is an example of such a form.
- Or Service Monitoring Checklists.
- These forms are designed to collect all of the information from one instance on one form. Review 20 files, you end up with 20 forms, and with the data entry and analysis that results. But, they give you the most information, and in a database, they yield it in a very flexible way. (Assuming it is a well-designed database!!)
- We don't think you need us to put in an example.

Whatever format you use for collecting data, think about:

- Will it be easy to record onto?
- Will it be easy to compile?
- What do you need to add to make the data set identifiable? (e.g., dates reviewed, sites.)

Is it time to be asking yourself:

- What data are we collecting?
- Do we have data on how well we are implementing the Quality Components?
- Do we have data on the results we discovered from implementing those Quality Components?
- Do we have data on the results of corrective actions taken?
- What do we know from all that data?



The following pages present a sample format for evaluating the status of your data system.

Checklist: Status of QA Data Reporting Systems

Complete this checklist to document the status of each component of each system as of a certain date. Use the resulting data to prioritize the next component to target for development or improvement. Information re: the SERT data reporting system is included as an example.

Status as of: _____(Date)

Code: + In place (it will yield what we need for the system)

* It may need improvements to yield what we need for the system

0 Not in place

Sample:

Quality Component	Data Collection System (Collect raw data on QA Component & results)	Data Summary System (Compile data on QA Component & results)	Data Reporting System (Manipulate data to yield reports on QA Comp. & results)	Data Analysis System (Who Interprets the data on the QA Component & results)	System and Reports are Current
SERT	+ • Incident reports	+ • Enter into state database	+ • SERT Graphs & summaries (on state db)	+ • SERT Committee • QA Committee	+ • Monthly
Service Monitoring	+ • State Service Monitoring checklists	+* • Enter visit into local database, but not results	+* • Database reports on #/% visits made	+ • QA Coordinator • QA Committee	+ • Quarterly

Data System Status:

Total # of +:10; Total System Components= 10; % designed and current: = **100%**

Checklist: Status of QA Data Reporting Systems:

Status as of: _____(Date)

- Code: + In place (it will yield what we need for the system)
 * It may need improvements to yield what we need for the system
 0 NOT IN PLACE

Sample:

System	Data Collection System (Collect raw data on QA Comp. & results)	Data Summary System (Compile data on QA Comp. & results)	Data Reporting System (Generate reports on QA Comp. & results)	Data Analysis System (Who interprets reports of QA Comp & results)	System and Reports are Current
Licensing, certification reviews	•	•	•	•	•
SERT	•	•	•	•	•
Service coordinator monitoring	•	•	•	•	•
Local investigator information re PSI	•	•	•	•	•
Death reports	•	•	•	•	•
Records of individual complaints	•	•	•	•	•
Individual file reviews	•	•	•	•	•
HCB Waiver Review checklist	•	•	•	•	•
Serv Coord plan implem reviews (Family Support, In-Home Comp)	•	•	•	•	•
CDDP Records (e.g. service coordinator qualifications, training; actions re QA)	•	•	•	•	•
Records of provider sanctions and contested case hearings	•	•	•	•	•
Records of foster provider training and testing	•	•	•	•	•
Individual/family satisfaction results	•	•	•	•	•
Audits, financial reports, special inquiries/ investigations re state or local operations	•	•	•	•	•

Data System Status: Total # of +: _____;
 Total System Components= 56; % designed and current: = _____%

TURNING DATA INTO USEFUL INFORMATION: GUIDELINES FOR PRESENTING DATA

Objective: Provide suggestions for how to format, report, and present quality assurance data.

Requirements: See Data to be Collected, Compiled and Reported

Guidelines and Suggestions

Whatever the data and information you need to present, here are some guidelines and suggestions for how to organize data to present to QA Committee members or others.

HIGH V. LOW TECH PRESENTATIONS

A presentation may involve “high tech” or “low tech” systems and be equally successful. Fancy animated PowerPoint presentations may hold audience attention, or put them to sleep. Low tech, perhaps drawing a graph onto newsprint offer great possibilities for involving committee members. For example, for a measure that committee members are tracking particularly closely, they can help to build a graph by adding dots for a bar graph or the next data point on a line graph when it is drawn on newsprint. Involve participants when you can (e.g., help to “build” a graph, discuss information in pairs to identify questions, be part of presentation.) Being active, actually **DOING** something, is the best way to keep your QA Committee members committed to your work.




TIPS ON PRESENTING DATA

- Keep it simple. Do not overload your audience with many complex charts and graphs.
- When a simple statement will do, do that. You don't need a graph or chart for every measure you are presenting.
- Be familiar with your data. Understand how it is formatted. Consider the types of questions that people may ask so that you are prepared with answers. Know how the data or report was produced, and any flaws in how it was gathered. Get someone to review your report before the meeting.
- Be clear about what you're asking the group to do with the information. For example, provide an opportunity for advice, or discuss issues that the data suggest.
- Summarize the data you are presenting, and offer your interpretation of the data.



TIPS ON PRESENTING DATA THROUGH GRAPHS

- Generally, a graph is easier to interpret than a table full of numbers.
- A good guideline to use in designing a graph is to minimize the amount of ink that is used. Get rid of extraneous lines and shading, or 3-D components, as they make the graph harder to read.
- Match the type of graph to the type of data you are presenting. Use the best graph for the purpose.



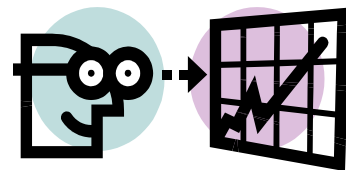
Beware!!
Do NOT try to interpret
just 1 or 2 data points.
(Is it good??? Is it bad???)
Always put data into context

- Always present data in context. For example, reporting the number of sites visited is meaningless for determining how well your QA process is working without also knowing the total number of sites. Or, knowing that there were 25 SERTs this month only tells you that there were 25 SERTs this month. From that number, you can't tell whether that is unusually high, unusually low, or the typical number. Whenever you can, present data in the context of time—a Run Chart will allow you to see the pattern of data across time.
- Always label your graph well. Title the graph (it is good to put both what the graph is and the time period that it covers), and label the 2 axes. For a Bar Graph, Pareto Chart, or Pie Chart, label each of the categories. Label each line on a Run Chart. Be sure to put a date on the graph, and the time period that it covers.

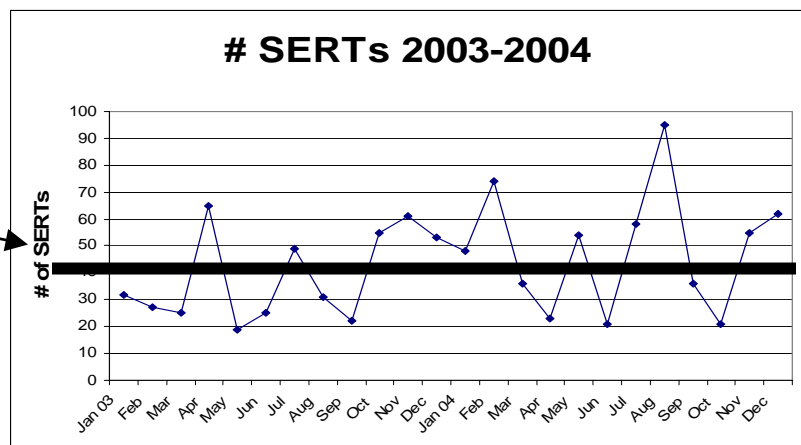
GUIDELINES FOR TYPES OF GRAPHS

Run chart or Line Graph

- If you are presenting **data across time**:
Use a **Run Chart** (also called a “Line Graph”). It gives the data context...comparing this time period to previous time periods. Use it, for example, to present the number of SERTs (or of a particular type of SERT) across time. Keep it simple, however. Use no more than 3 or 4 lines (variables) on a single graph.



You can make the graph easier to interpret by adding a solid line to represent the average of the data.

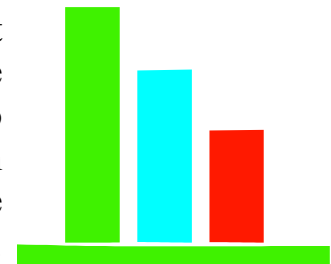




Bar Graph

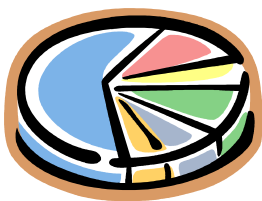
- For **data in categories**, a **Bar Graph** will work best. It helps you to compare one category against another. Use it, for example, when presenting the number of each of the major types of SERTs that occurred during a specific period of time. It also would be useful for presenting the frequency of different types of issues discovered during Service Monitoring visits during a certain period of time. If you are wanting to present survey results, a bar graph could show the number of people who scored a specific customer satisfaction question as “Poor,” “Good,” and “Great!” or even the number of questions with average scores across all respondents that fall into the range if “Poor,” “Good,” and “Great!” Whatever the source of the data, all the “bars” must be drawn from data from the same time period.

- A **Pareto Chart** is a special type of bar graph that places the bars in descending order left to right, with the highest bar on the left. This format helps the reader to quickly see which category is most common, and which is least common. For many instances when you can use a Bar Graph, a Pareto Chart will be even more useful. By convention, if there is an “Other” category, even if it isn’t the shortest bar, it is placed on the far right. As with bar graphs, all the data must be drawn from the same time period. Do not try to represent data across time (e.g., several months) using a Pareto or bar graph.



*Pareto Chart:
a special type
of bar graph*

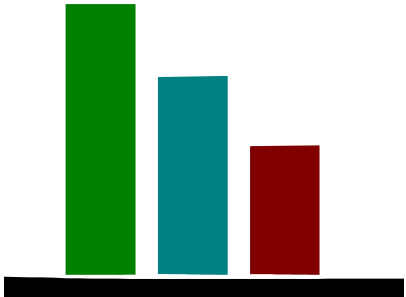
- Another special “bar” graph – a **Histogram** – is described in Chapter 6: Improving Quality.



- Use a **Pie Chart** only when you want to compare the relative size of parts of a whole. Pie Charts are often used to present the relative size of different revenue sources for the budget, or the relative size of expenditure categories. Like Bar Graphs, it is difficult to compare Pie Charts across time to put the data presented into a larger context. Also, they are hard to interpret if they include more than a few categories. However, most people are familiar with Pie Charts, as they are commonly used in newspaper articles.

TIPS FOR PRESENTING QUALITATIVE OR “OPINION” DATA

Some methods for collecting information—particularly related to measuring customer satisfaction—may yield data that is more like “opinion” data than observable data. Focus groups and comments written into open-ended questions on surveys are two examples when you may want to have a way to organize and present opinion data. While Qualitative researchers have sophisticated methods for collecting and analyzing these data, those are beyond the scope of this resource manual. Instead, here are two methods that are both simple and useful. Try them and see!!

- Pareto Chart. Because they present data in categories, Pareto Charts are especially useful for analyzing data from surveys. Review the responses to each open-ended question on the survey to determine if there are common “themes” that emerge from what people have written. Organize the comments into groupings or categories, and count the number of people represented by comments in each category. This is especially useful if you have a large number of surveys (e.g., 100 or more). With fewer surveys, and open-ended questions, your results can be affected simply because some of the respondents didn’t think to include something that others did.
- 
- Customer Window. We have found this tool to be especially useful for analyzing data from interviews or focus groups, although it also may work for analyzing survey data. If you record the interview or focus group results, do this after you are finished talking with the individual or group. However, you may also fill it out during the interaction. The Customer Window has four squares, much like a window with four panes of glass. See the sample, below, for how it is drawn. You can draw it onto regular paper, or newsprint. Then, sort the comments from customers into the appropriate square.

Customer Window

		Gets	
		+	-
Wants	+		
	-		

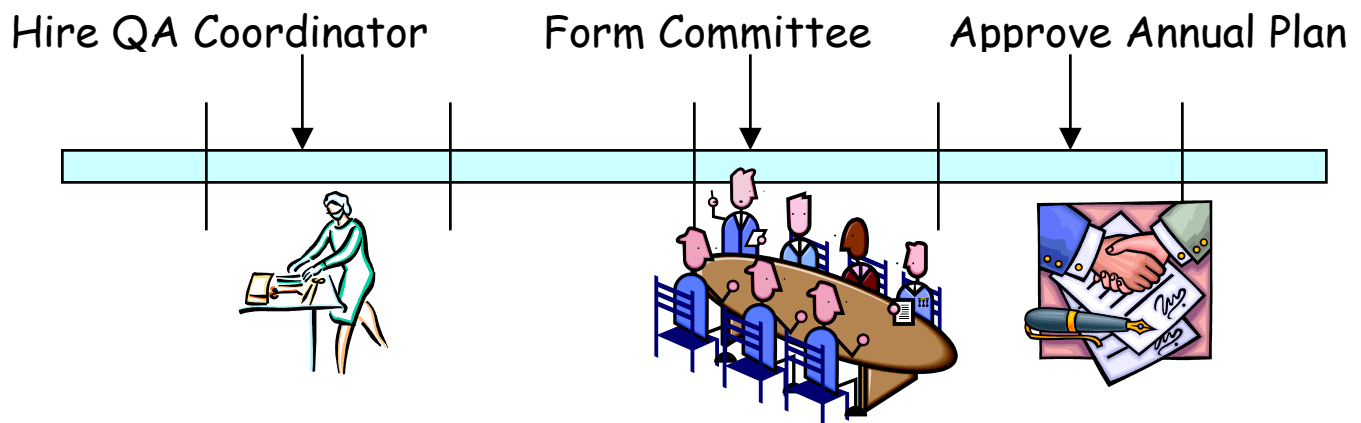
Customer Window

		Gets	
		+	-
Wants	+	++ <i>Things that the customer wants and gets (pat yourself on the back!)</i>	+- <i>Things that the customer wants but does NOT get. These are improvement opportunities.</i>
	-	-+ <i>Things that the customer gets but does NOT want. Consider whether you can STOP doing these.</i>	-- <i>Things that the customer does not want and does not get. These are things you don't need to worry about.</i>

TIPS FOR USING OTHER TYPES OF VISUAL LANGUAGE

Presenting information to the QA Committee doesn't mean only graphs and charts. Using a "visual language" for presenting information will help members with disabilities participate, and help all members maintain interest. Using colorful flipchart posters, you can have more success involving committee members. Here are a few examples.

- **Timelines.** Using a roll of newsprint, draw a horizontal line representing a timeline. You could use this for reviewing the history of services in your area, the sequence of activities for the QA Committee for the upcoming year, or any other information that is related to the passage of time. Timelines are great for involving people—invite members to add their own milestones to the timeline, in addition to those for the Committee as a whole. Simple drawings and graphics will add more meaning to the timeline.



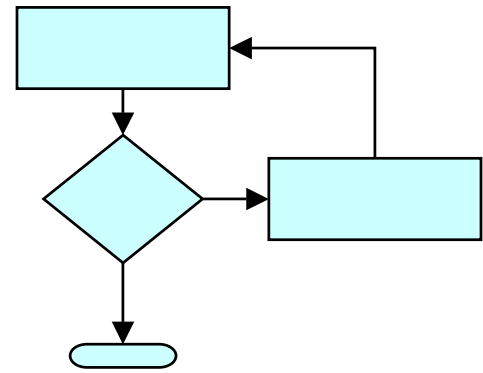
- **Gantt Charts.** Gantt charts are useful for planning when a set of tasks will occur. You could use it to lay out tasks for your work plan for implementing your Annual Quality Plan, or for tasks related to a large project.

		Timeline for Completion			
System or Process	Goal	Q1	Q2	Q3	Q4
Assess and enroll individuals into Waivers					
Assess level of care needs	Establish tracking system	-----	-----	----	
Probe case files for compliance with eligibility criteria	Establish a system for compiling data	----			
	Compile case file probe data and report quarterly	---X	---X	---X	-X
Quality Indicator: % of eligibility determinations made within state mandated timelines	Monitor data monthly	-----	-----	-----	---
Probe case files for Title XIX waiver compliance	Establish a system for compiling data	----			
	Compile case file probe data	-----	-----	-----	---
	Report quarterly to LCDDS & annually to Quality Committee	X	X	X	X

You may want to use the following codes for Gantt charts, but you are free to develop your own:

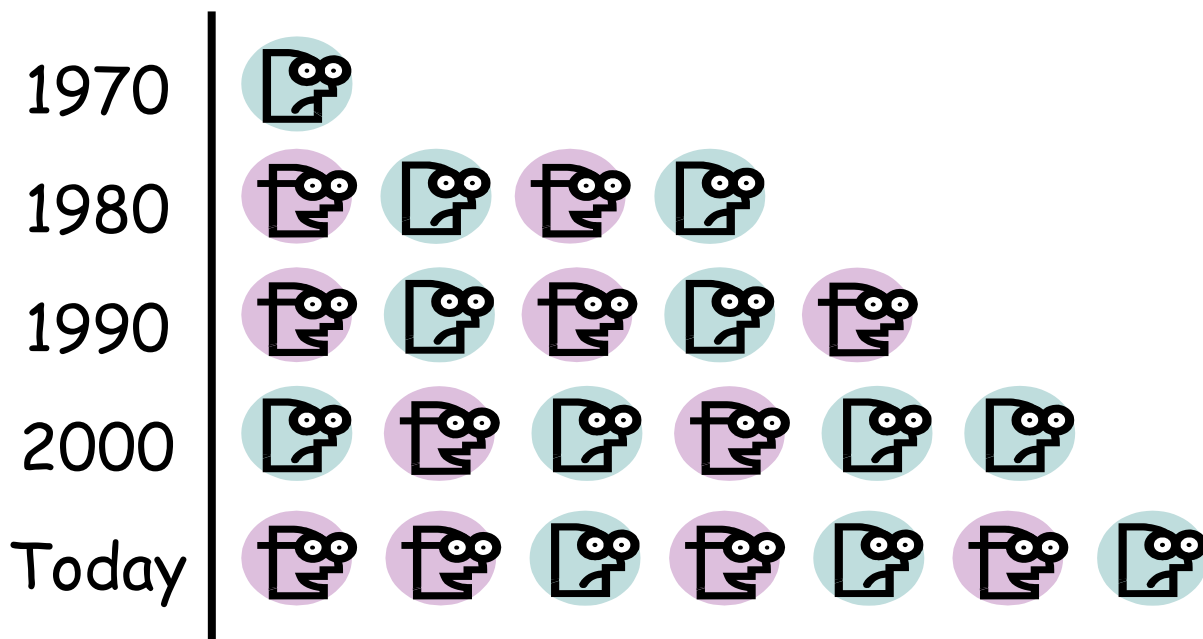
- An extended line usually means an activity that extends across time periods.
- |----- The vertical bar signifies the planned start of the activity ---or---
- | The planned completion or end of an ongoing activity.
- X An X usually denotes an event or something that occurs at a specific point in time.

- Flowcharts.** Flowcharts offer another way to make the work of the QA Committee visual. Use flowcharts to represent systems or processes, and the sequence and relationship among the various steps. Flowcharts may be as simple as organizing several post-it stickers or signs with arrows to show the sequence of activities. Or, they can be drawn using special software and particular shapes that identify the type of information inside the shape. (For example, a diamond shape is used for a decision point, such as yes-no, or if-then.)



- Pictorial Statistics.** “Pictorial statistics” is simply using graphics or cartoon images to represent variables in graphs. For example, the follow depicts the growth in the number of individuals served in a county across several years.

People Served in Our County



This way of building graphs is more interesting and includes conceptual images that assist participants who are not accustomed to graphs to interpret the meaning of the graphs.

- Concept Diagrams. For those of you who like to doodle, concept diagrams offer yet another tool for “getting the message across.”



TIPS FOR GRAPHING IN EXCEL

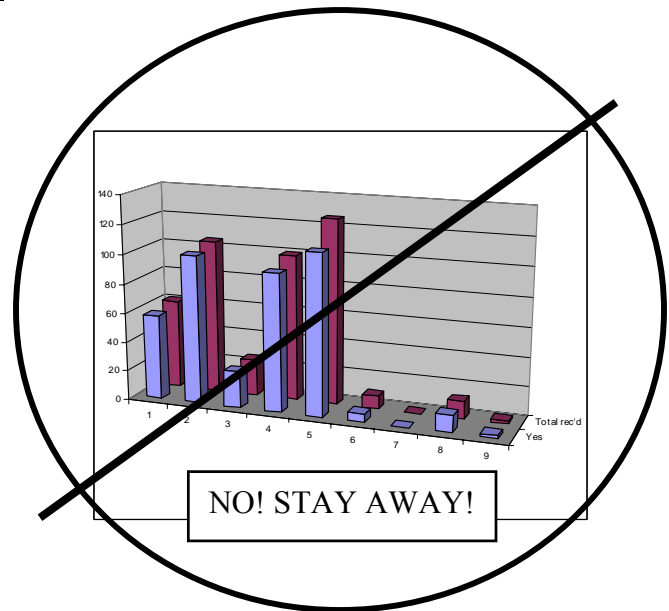
Objective: Present basic information about developing graphs in Microsoft Excel.

Requirements: See Data to be Collected, Compiled and Reported.

GUIDELINES AND SUGGESTIONS

AVOID GRAPHICAL PURGATORY

While computer software has made the task of graphing complex data sets much easier, it also has brought on a tendency to “fancify” graphs. Even the most down-to-earth person can get trapped by the wonders of “Stacked columns with 3-D effects” and “3-D columns comparing values across categories and series.” JUST SAY NO!! 3-D graphs add unnecessary ink and confusion to a graph. They are much harder to read than a simple 2-dimensional line or bar graph.



So, follow these basic guidelines, whatever the graphing software you are using:

- Keep graphs simple.
- Avoid 3-D graphs. —3-dimensional space detracts from the basic message you are trying to present.
- Before using multicolored lines or bars, consider if you will be making copies of the graph. If so, make sure they are still readable if copied in black and white.
- Know what you are graphing. Understand the data and how it is represented.
- Check the graph—does it make sense? Does it look like what you expected. It is easy to mix up the variables when doing a computer-


generated graph. So take the time to look at the graph and data critically, before sharing it with others.

Ok, here we go....

BASICS OF GRAPHING IN EXCEL

Note: these instructions were developed using Microsoft Excel XP. Other versions of Excel will be similar, but there will be differences. The instructions also assume that you already know how to open and close Excel, open and save a file, select a group of cells, and type.

Before we get started:

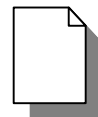
1. Undo. Number 1. Numero Uno. Remember this above all else: the UNDO button--it looks like a backward arrow, something like this. 



You will find it near the top of the Excel screen. It is your friend. Get to know it. If you do something to your graph and everything suddenly is a mess, or if you hit delete and didn't mean to, before you do anything else, hit the UNDO button. The graph or document will magically revert to its previous look. UNDO will let you go back more than one keystroke, but the sooner you go to UNDO, the safer you will be.

2. Back-up your data. Just as important as the Undo button is to always have a 'pristine' back-up of your data. It is an absolute must when you first start doing graphing, but even experienced spreadsheet users will maintain a copy of the data that is "untouched" and do their "playing" with a graph in another copy. Data entry is time consuming, so it is worth spending a few seconds to back up your data before you use it.

So, open up Excel. You will see a blank screen. To start a new file, click the "New" button—it looks something like this. Or, you can open an existing file.



For this set of tips, we will use the following data sets.

“TYPE”

Type	# SERTs
Emerg. room	122
Ambulance	51
Hospital	119
Police	86
Neglect	39

“MONTH”

Month	Total SERTs
Jan-04	5
Feb-04	18
Mar-04	13
Apr-04	16
May-04	9
Jun-04	19
Jul-04	6
Aug-04	18
Sep-04	12
Oct-04	13
Nov-04	9
Dec-04	20

The table on the left will be called “TYPE” as it displays the type of SERTs that occurred in a county over a one year period. The other table, called “MONTH” presents the number of SERTs overall, each month in the year 2004. To practice along with the examples, you may want to go ahead and enter these data into a blank spreadsheet.



Now we are ready to go.

MAKING A BAR GRAPH

Because “TYPE” table gives data in categories, we will use it for making a sample Bar graph.

1. Make sure the cells say what you want them to say, as Excel will automatically use the category (X-axis) and value (Y-axis) labels.
 - Are they spelled correctly?
 - Keep the labels short so they will fit better on the graph.

-
-
2. Use your mouse to select the data for the graph Include the column headings, the labels, and all the data that you want to graph.

“TYPE”

Type	# SERTs
Emerg. room	122
Ambulance	51
Hospital	119
Police	86
Neglect	39

Labels for Categories

3. With your data and labels selected, find the button that looks like a Bar graph.

- If you can't find it, go to the drop down menu <Insert> and then to <Chart>.
- Click on it once.
- The Chart **Wizard** will appear.

4. Review the list of types of graphs. Excel calls a bar graph that is vertical a “Column” graph, and one that is horizontal is a “Bar graph.” Don't let this confuse you. Look at the little pictures to the right to see what they are talking about.

- Select “Column.” (It may already be highlighted.)
- Then select the version of Column that you want...from the little pictures on the right. Click on the picture in the upper left corner. (It will give you the most simple, least amount of ink, type graph.)
- To get a quick glimpse of what your graph will look like, press the bar that is titled “Press and Hold to View Sample.” (This is a quick way to check out different types of graphs, and to see if you have your data set up in the right way for Excel to use it correctly.)
- When you are satisfied you have selected the right form of graph, and it looks about like what you expected, click <Next>.



-
-
5. This page of the Chart Wizard gives you a chance to change data included in the graph how the data are used by Excel. Since our spreadsheet is set up well, you don't need to do anything here...but for future reference, this is what is here:
- The tab "Data Range" allows you to select a different range of cells on the spreadsheet (if you click the little arrow.)
 - You also can reverse your data, from columns to rows. That is necessary only if your data is set up incorrectly.
 - The "Series" tab allows you to add or remove columns of data (in your spreadsheet) from your graph.
6. Click <Next> to get to the next page, Chart Wizard Step 3 of 4, "Chart Options."
- This page allows you to customize your graph.
 - The tab "Titles" allows you to add or change an overall title for the graph, and titles for the Category (X) axis, and the Value (Y) axis. Leave the Category axis title blank, in this case. Type in "# of SERTs" in the box for the Value axis. In a few seconds, you will see the title appear in the sample graph in the Wizard. Check your spelling.
 - Skip the tab "Axes."
 - The tab "Gridlines" allows you to control if vertical or horizontal lines will appear on your graph. The default is set with a checkmark under Value axis for "Major gridlines." No other box is checked. Leave it like that, as more gridlines make the graph messy and more difficult to read.

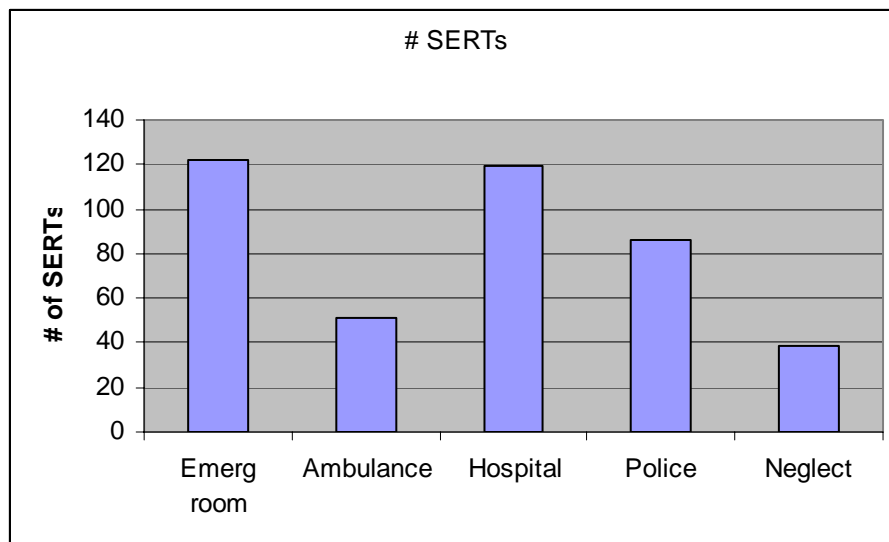


- The "Legend" tab gives you control over whether or not there will be a legend on the graph. (The legend is the little box that shows the color of the bar and the label that was at the top of the data column on the spreadsheet.) You have a choice to show it or not, and if you show it, to place it in different locations. If our graph had more than one color bar, a legend would be needed. However, since we have only one color, it is only extra ink. So, uncheck the box that says "Show legend." The sample graph will immediately get larger.

- The tab “Data Labels” allows you to put information at the top of each bar, including the value represented by the bar. Because our graph is simple to read, this is not necessary. But, you can experiment by clicking on a box, and see how it changes the sample graph in the Wizard window.
- The tab “Data Table” will place a table of the values for each bar (column) immediately under the graph. We don’t really need it, but it is a useful thing to know how to do. Just click on the box to show the table. Unclick to remove it.

7. Click <Next> to get to the next page, Chart Wizard Step 4 of 4, “Chart Location.”

- This page of the Wizard gives you control over where the chart is placed.
- You may click “As new sheet” if you want it to be a full page on its own sheet.
- Click “As object in”... if you want it to appear on the same page with your data. That is the option I usually select, as it allows me to resize the graph if I want to.



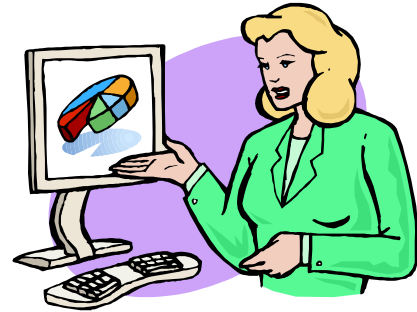
CONGRATULATIONS!!!

HOORAY!!!!
You have just
made a bar graph!!

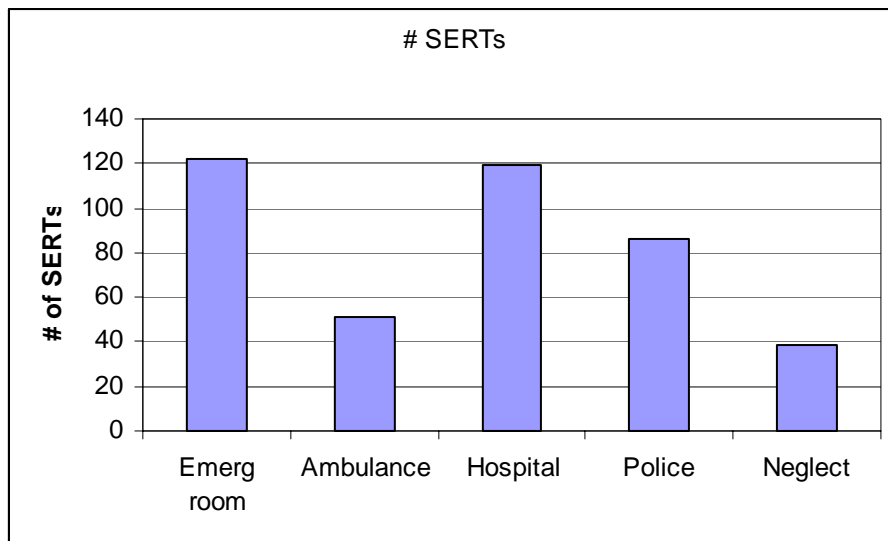


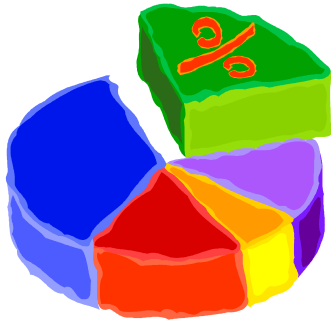
A Few Other Tips to Improve Your Graph

1. Remove the gray background—it makes it harder to read if you must copy the graph, and basically just adds unnecessary ink.
 - Place your cursor into the gray area, not touching any line or bar. Double click.
 - A dialog box should appear that is called “Format plot area.” It has just one tab, “Patterns.”
 - The left side gives you control over the appearance of the border around the graph. Leave that one alone.
 - The right side, labeled “Area” gives you control over the appearance of the background of the graph. Select “None.” (If you haven’t accepted the “less ink” principle, I suppose you COULD select a different color, or even a new pattern for that background...but you are on your own!!)



And here is the improved graph.





Excel also gives you control over the color of the bars, the length of the Value axis (and the size of the gaps between numbers on it), the location of the tick marks, and other aspects of the graph. Generally, you get access to those by double-clicking precisely on the part of the graph you wish to modify. Try a few, and see how it works.

Now that you have a graph completed, you can copy it into a Word or PowerPoint document for presentation.

If you had wanted this to be formatted as a Pareto Chart (with the bars presented with the highest on the left, descending to the lowest on the right), you would need to order your data table in that way—so that the category with the largest number is at the top of the list, descending to the category with the smallest number.



MAKING A LINE GRAPH (a.k.a. Run Chart)

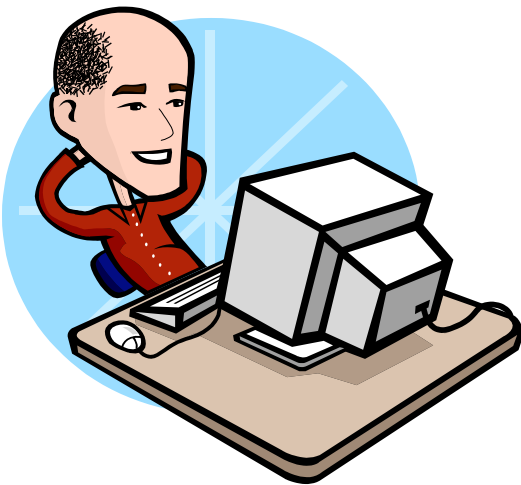
“MONTH”

Month	Total SERTs
Jan-04	5
Feb-04	18
Mar-04	13
Apr-04	16
May-04	9
Jun-04	19
Jul-04	6
Aug-04	18
Sep-04	12
Oct-04	13
Nov-04	9

Labels for Months

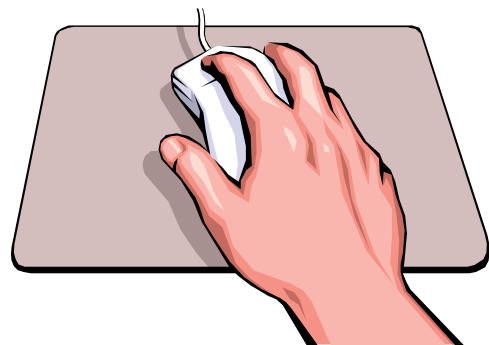
Because the “Month” table includes data across time, the appropriate graph would be a Line Graph. The process is very much the same as for building a Bar Graph.

1. Make sure the cells say what you want them to say, as Excel will automatically use the category (X-axis) and value (Y-axis) labels.
 - Are they spelled correctly?
 - Keep the labels short so they will fit better on the graph.
2. Use your mouse to select the data for the graph. Include the column headings, the labels, and all the data that you want to graph.
2. With your data and labels selected, find the button that looks like a Bar Graph. (Yes, a Bar graph...it is a generic button to get you to the Chart Wizard.)
3.
 - If you can't find it, go to the drop down menu <Insert> and then to <Chart>.
 - Click on it once.
 - The **Chart Wizard** will appear.
4. Review the list of types of graphs. Find the graph in the list labeled “Line.” Look at the little pictures to the right to see what they are talking about.



- Select “Line.”
- Then select the version of Line Graph that you want...from the little pictures on the right. I usually select the one in the middle on the left, that has both lines and dots for the data points. Click on that picture, or the one you prefer.

-
-
- To get a quick glimpse of what your graph will look like, press the bar that is titled “Press and Hold to View Sample.” (This is a quick way to check out different types of graphs, and to see if you have your data set up in the right way for Excel to use it correctly.)
 - When you are satisfied you have selected the right form of graph, and it looks about like what you expected, click <Next>.
5. This page of the Chart Wizard gives you a chance to change data included in the graph how the data are used by Excel. Since our spreadsheet is set up well, you don’t need to do anything here...but for future reference, this is what is here:
- The tab “Data Range” allows you to select a different range of cells on the spreadsheet (if you click the little arrow).
 - You also can reverse your data, from columns to rows. That is necessary only if your data are set up incorrectly.
 - The “Series” tab allows you to add or remove columns of data from your graph. So, if you wanted to add another line to the graph, e.g., “the number of SERTs closed after review”, you could add it with this series tab (if you had already entered the data into the spreadsheet).
6. Click <Next> to get to the next page, Chart Wizard Step 3 of 4, “Chart Options.”
- This page allows you to customize your graph.
 - The tab “Titles” allows you to add or change an overall title for the graph, and titles for the Category (X) axis, and the Value (Y) axis. Add “2004” to the title so it will read “Total SERTs 2004”. Leave the Category axis title blank, in this case. Type in “# of SERTs” in the box for the Value axis. In a few seconds, you will see the title appear in the sample graph in the Wizard. Check your spelling.
 - Skip the tab “Axes.”



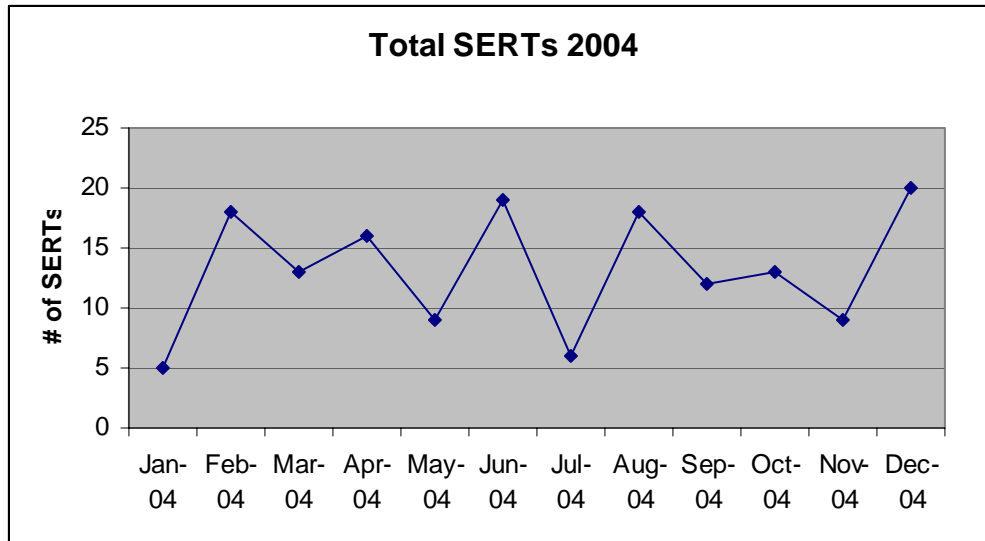
-
-
- The tab “Gridlines” allows you to control if vertical or horizontal lines will appear on your graph. The default is set with a checkmark under Value axis for “Major gridlines.” No other box is checked. Leave it like that, as more gridlines make the graph messy and more difficult to read.
 - The “Legend” tab gives you control over whether or not there will be a legend on the graph. (The legend is the little box that shows the color and style of the line and the label that was at the top of the data column on the spreadsheet.) You have a choice to show it or not, and if you show it, to place it in different locations. If our graph had more than one line, a legend would be needed. However, since we have only one, it is only extra ink. So, uncheck the box that says “Show legend.” The sample graph will immediately get larger.
 - The tab “Data Labels” allows you to put information at the top of each data point, including the value represented by the data point. Because our graph is simple to read, this is not necessary. But, you can experiment by clicking on a box, and see how it changes the sample graph in the Wizard window.
 - The tab “Data Table” will place a table of the values for each data point immediately under the graph. We don’t really need it, but it is a useful thing to know how to do. Just click on the box to show the table. Unclick to remove it.

7. Click <Next> to get to the next page, Chart Wizard Step 4 of 4, “Chart Location”

- This page of the Wizard gives you control over where the chart is placed.



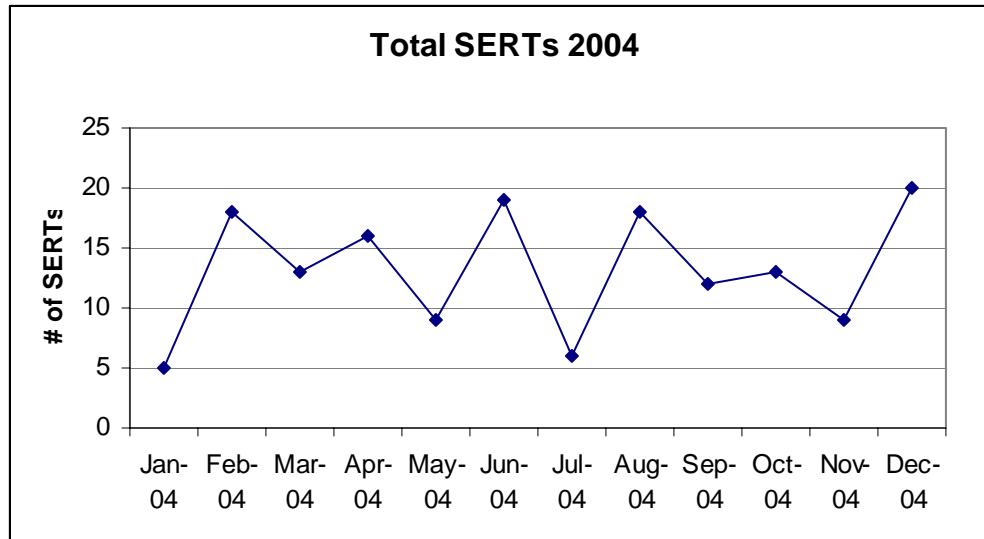
- You may click “As new sheet” if you want it to be a full page on its own sheet.
- Click “As object in”... if you want it to appear on the same page with your data. That is the option I usually select, as it allows me to resize the graph if I want to.



Your finished graph should look something like this. If the month labels aren't well spaced, and wrap, then stretch the graph out by "grabbing" one of the handles and moving it out to make the graph a bit wider. Click on the graph once to make the handles appear. Then move your cursor over a handle until a double-headed arrow appears, something like this. ◀▶

Use the same process for removing the gray background as you did on the bar graph. Simply double click on the grey area, then click "None" on the side under "Area."

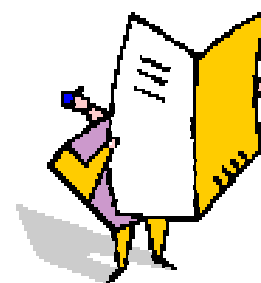




Also like Bar Graphs, Excel gives you control over other aspects of the appearance of the graph. You can move the position of the Titles. You can change the color and style of the line or data points. Double-click precisely on what you want to change to get the appropriate dialog box to appear.

SOME FINAL TIPS

- Excel is a very friendly piece of software. As long as you have a separate back up of your data, then go ahead and play with Excel, to see what you can get it to do.
- Check around to see who in your office already has some skill with Excel. They will probably be very happy to show you a few tricks or help you if you get “stuck.”
- Take an introductory workshop in Excel. They will get you going.
- Practice, Practice, Practice. Like many skills, if you don’t use it, you are likely to lose it. So find ways to get to practice. Graph your miles running, or weight loss, or number of movies viewed each month, or pounds of trash put out each week. Try different Quality Assurance measures. The more you practice using Excel, the better you will become.
- Read. There are several excellent how-to books on Excel that should help you get farther with it.



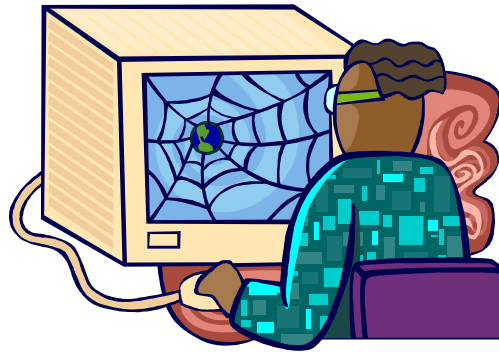
Handy Excel Resources

Walkenbach, J. *Excel charts*. 2003). Indianapolis, IN: Wiley Publishing.

Nelson, S. L. (2002). *Excel data analysis for dummies*. New York: Wiley Publishing.

Berk, K. N., & Carey, P. (2000). *Data analysis with Microsoft Excel*. Pacific Grove, CA. Duxbury.

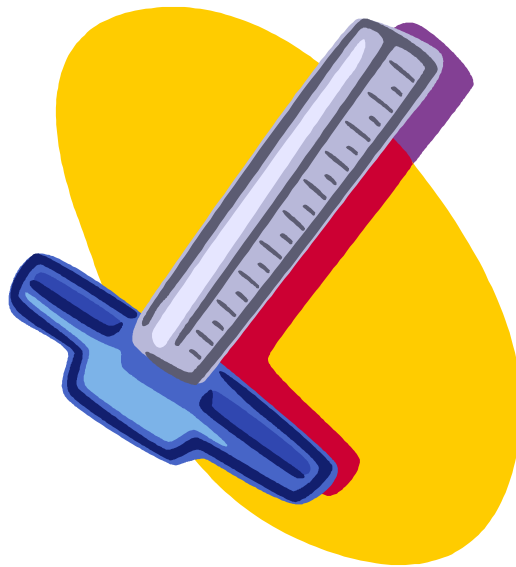
Jon Peltier's Web Site: <http://www.geocities.com/jonpeltier/> This website include a much more detailed tutorial on graphing with Excel. Try it out!!



Local Quality Assurance Resource Manual

Chapter 5

Measuring Customer Satisfaction



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the state's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Measuring Customer Satisfaction

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MEASURING CUSTOMER SATISFACTION

Objective: Provide an overview of the purpose, requirements and potential methods for measuring customer satisfaction.

Requirements: While the OARs related to the CDDP Quality Assurance program do not specifically list customer satisfaction measures, they do require local quality assurance systems to provide direct support to SPD in implementation of its QA plan and generally improve the quality of services by evaluating service delivery and outcomes and adjusting local planning and performance where needed. One method---or quality assurance component---the SPD QA plan cites for evaluating service quality are individual and family satisfaction surveys.

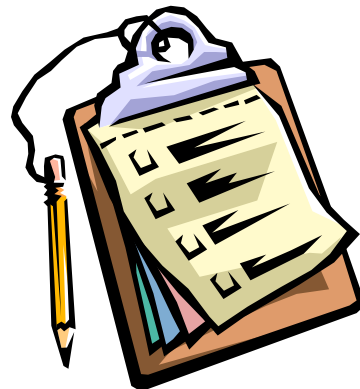
411-320-0040 Community Developmental Disability Program (08/03/04)

- (a) *QA system purpose and scope. The local quality assurance system will:*
(Sections deleted)
- (C) *Include, at a minimum, the quality indicators and all activities that are to be carried out at the local level according to the most recent edition of the Department's Quality Assurance Plan for Developmental Disability Services (Department's QA Plan).*

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

Note: Other sections of the CDDP OAR related to services require consideration of individual and family preference. In such cases, consumer satisfaction instruments might help address other requirements in the rule. For example, 411-320-0120 cites principles for planning that includes “(b) Choice and preferences. The process is critical in determining the individual’s and the family’s preferences for services and supports. The preferences of the individual and family must serve to guide the team. The individual’s active participation and input must be facilitated throughout the planning process.”



Guidelines and Suggestions



There are several approaches that may be used for measuring the satisfaction of service customers, their families and advocates, including written surveys, focus groups, forums, and individual interviews. Surveys may be the most commonly-used approach, and can be an excellent tool if carefully designed and executed. A well-conducted survey may allow you to generalize your findings to the entire group of customers, while the interpretation of focus group responses must be limited to representing only those who are present. However, surveys usually require more resources to execute than do focus groups.

This chapter presents some guidelines and suggestions for using surveys and focus groups for measuring customer satisfaction. Also included is information on “Open Forums”—an approach used by Benton County to gather community input.

DESIGNING AND IMPLEMENTING SURVEYS TO MEASURE CUSTOMER SATISFACTION

The path to achieving a great survey that yields useful results is much more difficult than developing a series of questions, gathering the data from customers, and tallying the results. Hopefully, the following guidelines will help you to avoid at least some of the potential pitfalls and land mines.



TIPS FOR DEVELOPING A GOOD SURVEY

- Before launching a survey project, consider how you will use the survey in your Quality Program. What is the purpose of the survey? For what will the data be used? What kinds of decisions will be made based on the results? How will you use what you collect? Will you be able to do something about what people are asking for? Limit your questions—it is frustrating for people to take time to give you input that you are unable to use.

-
-
- How will you compile the survey results? Do you have resources to compile and analyze the responses? There are many completed survey forms sitting in drawers and boxes that are unanalyzed because the developers failed to realize the size of the task of compiling the data. If you have limited resources for compiling data, then limit the number and scope of questions. Your customers will thank you for a short survey as well!!
 - Find someone with experience in survey research who can help with the questions of reliability, validity, sampling, and issues of potentially biased data during the period of survey design. These issues, related to research design, are beyond more than a rudimentary review in this chapter. If you are unable to do that, then be very cautious. Do not assume that your data are representative of the whole group you tried to survey, but only those who responded.
 - Will you try to use the survey to measure the satisfaction with some change that will be implemented? If so, you will need to give the survey prior to the change, as well as after it, to know if the change resulted in improved satisfaction.
 - Try to use some questions that stay the same across time, so that you can compare your results from one survey point to another.

DESIGNING GOOD QUESTIONS

- Remember the purpose of the survey as you design questions. While it may be helpful if they find the furniture in the front room comfortable, it won't be helpful if you are trying to find out about their satisfaction with opportunities for choice in the ISP planning process.
- Don't ask customers what you already know. (If it is commonly known that people think the biggest problem in summer is mosquitoes, and the biggest problem in winter is rain, then don't ask.) It is a waste of your time, and theirs.
- One way to keep a survey shorter is to ask only those questions that will give you new information AND information that you have the authority and resources to take action on. For every question included in the survey ask, "What will we be able to do if they say they are dissatisfied with this?"



-
-
- Form unambiguous, unbiased questions. Will everyone interpret each question in the same way? Include only ONE thing in each question. If people have to consider two parts to a question, then it will be unclear to them how to answer if they feel differently about each part. In addition, you will not know which part they are answering.

For example, a poorly worded question:

I believe that service coordinators are handsome and work hard.

This is better:

I believe that service coordinators are handsome.

I believe that service coordinators work hard.



- Pilot test your survey before implementing it full scale. Ask a few people who are representative of those in the target population to respond to the survey and give you feedback on its clarity and ease of completion.
- As of the time of the development of this manual, SPD is developing a set of core customer satisfaction questions for use in all SPD services. When you are developing a survey, check in on the status of these questions to see if they are ready for use.
- The appendix to this chapter includes several sample customer surveys to use as a resource.

DELIVERING THE SURVEY: PROTOCOLS FOR GETTING GOOD RESULTS

- Determine **how often** you will administer the survey. Be sure that you have resources available for compiling and analyzing the results after each time after each time period.
- Determine **how you will select individuals** to receive the survey. Will you give it to everyone in the target group? Or will you use a sample? There are many different sampling techniques; the most accepted is Random Sampling. However, random sampling requires some work to determine the number of individuals who must be selected to be truly representative of the full group, and then to draw the actual sample. So, again, it is best if you can get some help from a researcher if you need to select a sample. The question of “how many” is not as simple as it seems, as it varies with the size of the target population and the level of confidence you want to have that your results are truly representative.

-
-
- If your target group has several **identifiable subgroups** (e.g., ISP planning teams could be a target group for a survey on ISP planning processes, but it is made up of individuals with disabilities, provider staff, family/advocates, and service coordinator), then it may be best to use a “stratified” sample. Stratified samples adjust the selection of participants to ensure that each of the subgroups is represented in the final sample. While doing a formal stratified random sample may be beyond the interest of many CDDPs, being aware that it is important to get individuals from each subgroup may be sufficient to improve the quality of the sample you get.



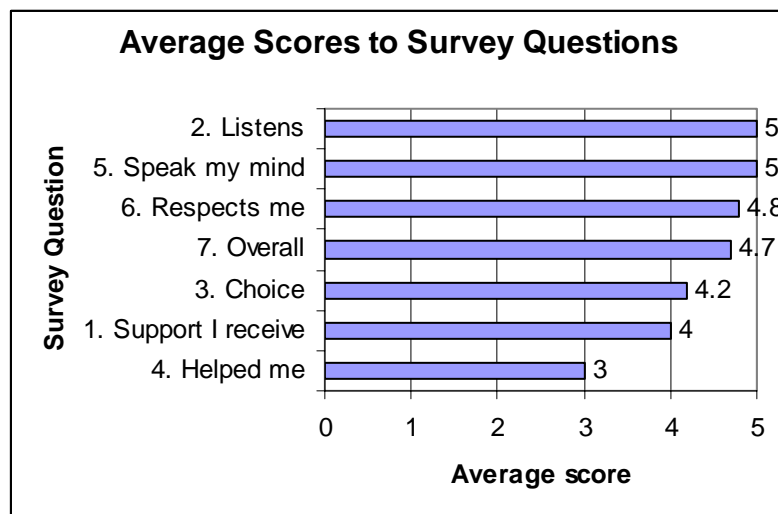
- Determine **how you will administer** the survey. Will you hand it to people in the waiting room who come for appointments? Mail it with the eligibility determination letter? Take it to ISP meetings during a particular month? Make phone calls?
- Another issue with surveys, whether written or interviews, is “bias.” Interviewer bias may affect the results when persons being interviewed react in a negative or positive way to the interviewer, rather than responding accurately to the question. But there are other potential sources of bias as well. Be careful in wording, placement of questions, and how surveys are administered to **reduce possible bias**.
- Consider how to make sure you get a good **response rate**. If only 20-30% of individuals surveyed actually respond, it is difficult to feel comfortable that their opinions reflect the full group.
- Consider using a **follow-up reminder** for survey recipients. For example, send a reminder card to those who have not responded within 2 weeks.



ANALYZING THE RESULTS: TIPS FOR DEVELOPING GOOD REPORTS OF SURVEY RESULTS

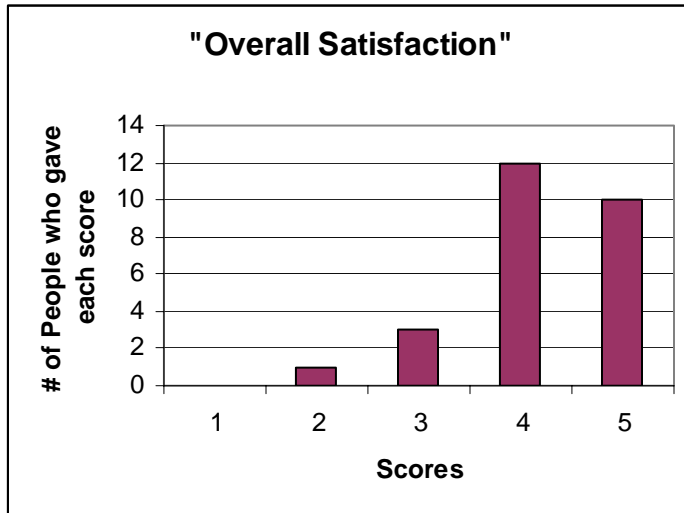
- A good report of survey results summarizes when and how the survey was conducted, as well as presenting the results. Be sure to describe the target group that the survey was designed to question.
- It is usually good practice in your report to identify any issues—or suspected issues—with the survey, the representativeness of the sample, the response rate, or other aspects of the design or implementation of the survey.
- It may be helpful to use a “Pareto Chart” (See Chapter 4, Data) for presenting survey data. This chart is a bar graph presented in descending order with the tallest bar presented. Thus, rather than listing the questions in the order they were presented in the survey, use the Pareto Chart to present them, for example, in order of the number of people who responded positively to items, or the average score of items.
- Keep the report as simple as possible. If the survey covered several topics, you might want to divide the data into mini-reports, by topic.
- In addition to presenting the numbers or graphs, try to include some conclusions or recommendations related to what the data mean.

Here is one way to use a Pareto-style chart for displaying the results to survey questions. The graph below was developed from a survey in which questions were scored on a 5-point scale. Calculate the average score across all respondents for each question, then rank order them from lowest average to highest average. Build the graph from that data.



From this, it is easy to see, that on the average, people are most pleased with question #2, about “Listens” and question #5, about “Speak my mind.”

Another type of bar graph, referred to as a “histogram” also is useful for displaying survey data that is scored with a numerical or scaled scores. (Scales such as “Excellent, Good, Poor” can be turned into a numerical, 3-point scale.) In this example, for an individual question from the survey, count the number of people who gave a response at each score. Display that in a graph. Therefore, this graph



displays the number of people who scored their “Overall Satisfaction” with services as a 1 (Very unsatisfied), 2 (Unsatisfied), 3 (Not Sure), 4 (Satisfied), or 5 (Very satisfied). So, in this case, 12 people rated their overall satisfaction at 4, 10 rated it at 5. Therefore, 22 out of 26 (86%) respondents indicated they were satisfied or very satisfied with services.

This kind of graph is always presented with the scores in numerical order. The purpose of the graph is to show a picture of what the “distribution” of scores looks like. You cannot use this type of graph with average scores across different questions, as we did in the graph above.

One other way to use a Pareto Chart with customer satisfaction data from open-ended questions was discussed in Chapter 4 on Data. It is possible, if you have a lot of surveys (say, more than 100) to categorize the responses to open-ended questions, then count the number of surveys that included an answer that fell in that category. You can present the results in a Pareto Chart, with the category that was listed most often at the top or left side of the graph. For example, an open ended question such as, “What other needs do you have that have not been met?” Be cautious about graphing responses to questions like this however. If you can possibly write the question with a list of possible choices, you will likely get more reliable responses.



FOCUS GROUPS

Objective: Provide an overview of the purpose, requirements and potential methods for measuring customer satisfaction.

Guidelines and Suggestions

A focus group is a strategy to collect data through small conversations around pre-determined topics. Usually a focus group is a carefully designed event, with specifically invited participants, and a focus topic. This model creates lines of communication for people to express their experiences, attitudes, beliefs, and perceptions. A focus group is NOT a set of individual interviews with a moderator who fires questions at first one then another of the members of the group. It is important that the moderator allow discussion to occur, for the power of a focus group lies in results of the interaction among the members.



ADVANTAGES OF A FOCUS GROUP

There are several advantages to using focus groups rather than surveys.

1. They are **quick** to plan and carry out.
2. They are **low-Cost**, with little printing or postage costs.
3. Focus groups allow **direct interaction with participants** for clarification and follow-up.
4. Because people are present, there is an opportunity to **observe non-verbal responses**.
4. Participants can react and **build upon responses of others**.
5. Focus groups are an effective method with **people with varying skill levels**, including those who cannot read or write.
6. Results of focus groups are **easy to understand**.

There are four basic areas to consider when planning focus groups: Planning, Recruiting, Moderating, and Analyzing & Reporting Results.

PLANNING

1. Establish the **purpose** for holding Focus Group. What do you want to learn? How will the information be used?
2. Determine the **concepts** that will be discussed. Brainstorm and prioritize possible topics. Then limit the number of topics that will be discussed by the group.



3. Determine the **number of groups** that will be held. One effective strategy is to run a series of groups, with the initial group topics being wide open, and unstructured, and later ones more structured and based on themes that emerged from earlier groups.
4. Plan the **size of each group**, based on the purpose. A group of 5-6 persons encourages in-depth discussion. A group 10-12 may be able to generate more ideas. Groups that are larger than that seldom really interact as a focus group.
5. Plan the **composition of participants**. Variables to consider include: age, gender, and experts vs. novices. You may want to have a homogeneous group of family members, or a mixed group that includes family members with service providers, individuals, and advocates. Consider how the mixture will affect the interaction of participants, and their willingness to speak openly.
6. Plan for **participant and site logistics**. Consider the type of invitation, location, refreshments, and any incentives.
7. Consider the **length of the session**. Forty-five minutes to one hour usually is sufficient for a group.
8. Plan for **data collection**. Consider note-takers, videotape or audio tape.
9. Plan for **data analysis**. It is useful to know how you will be analyzing the data you gather before you go into the focus group itself.

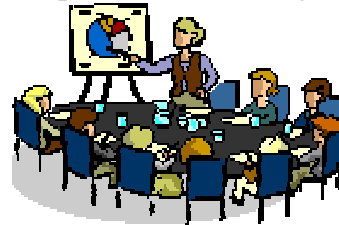


RECRUITING

1. Based on the plan, select a **recruitment method**. Personal invitations usually are most effective. However, it also is possible to do a mass mailing or advertisement for an event and then operate several focus groups at the same time.
2. Be sure to **target the recruitment** effort to attract the different groups of participants planned to be present.

MODERATING

1. The moderator's purpose is to **support group discussion**.
2. Various **styles** may be used by the moderator or facilitator. The particular style used should be selected based on the purpose for holding the group.
3. A **passive, non-directive approach** works well in more informal groups and with exploratory groups. For example, a moderator might open a group by saying, "We are really interested in hearing a lot of different opinions. Everyone has different experiences and that is what we are trying to figure out."
4. The moderator may even move out of the group, allowing the group to self-manage. However, s/he should be ready with additional questions to use in the event that discussion slows down or stops.
5. In more formal settings, or where more specific areas are being explored, the moderator may use a **more directive and structured approach**. For example, the moderator might ask a series of questions, asking others about the responses made by individual group members. "How many of you agree with what Janice just said?"
6. Try asking the group to visualize what services would be like if they were "better."
7. **Present some of the results** of data gathering efforts and ask the group to discuss their reaction to it.



ANALYZING & REPORTING RESULTS

1. Various methods are available for **collecting information** from focus groups, such as videotaping or audiotaping the group, for later transcription, and notetakers who record the discussion points directly.
2. In reviewing the comments, look for items that appear to relate to or define a **theme**. Initially, code comments based on the discussion guidelines or topics introduced to the groups. Create additional codes to represent patterns that emerge from the discussion.
3. If separate, homogeneous groups were held, it may be useful to **compare responses to similar questions** across types of participants. Are these differences meaningful and important to understand?
4. Develop a **summary document** that includes and explanation of how the group was conducted, the type of people who were invited, the focus topics and the general logistics of the event. Present the major themes discussed by participants, and if appropriate, their agreements and areas of disagreements. It also may be useful to conclude with recommendations for how to use the information.




“OPEN FORUMS”—BENTON COUNTY

At the February 3, 2005 QA Coordinator’s Meeting, Benton County personnel demonstrated an “Open Forum”--a technique they have been using as a way of gathering community input related to quality. This section of the chapter describes how Benton County uses Open Forums, and presents the results form that demonstration.

- Purpose of Open Forums:
 - Provide public information
 - Identify barriers to service
 - Identify unmet needs
 - Evaluate how participants perceive the service that has been provided.
 - Over time, they have wanted to have more of the public information part, so that participants understand the service.
 - Brainstorm. Some of the ideas will go into work groups for action.
- They use the open meeting as an advisory committee, targeting topics for each meeting on various elements of the system (e.g., residential, employment, transportation.) Topics: they originally tried having forums focused on families, consumers, providers, but now they are more topic-based. For example, for the March meeting, the topic is Direct care staff (they will have a case manager bake-off contest, vote for the best). At the April meeting, they will report on their QA plan, and things that came out of the forums. “These are the ways we’ve met our assurances in the past year.”
- The Open Forums have been more dynamic, and provided better information than what they were able to get from a survey.
- They hold forums at different times of the day, hoping to make it available to different people with differing work schedules. However, they have planned and announced the topics and schedules for several meetings well in advance. Most meetings are held during the day, unless the topic suggests evening is better. E.g., Family Support forum was held in evening. They have changed times around as needed.



-
- The forums are open to everyone. More and more people are showing up at the forums.
 - They use red, yellow and green index cards for participants to indicate their satisfaction related to particular questions asked during the forum. Red means that they are not happy, or there are issues. Green means they are satisfied, no problems. Yellow indicates that they are not sure.
- 
- Benton county's perspective is that everything they do is part of the QA/QI process, and so everything could be discussed at an Open Forum.
 - They try to get input from everyone who is present at the forum.
 - People were worried they would get too much grumbling in the meetings, but that hasn't happened.
 - They went to Open Forums because they were receiving little useful information from surveys, "everyone loves us". There were no actionable items coming from survey results. Using this process, they are trying to get people to criticize them.
 - Benton County uses small groups to follow up on action items. Sometimes the large group itself works out the issue.
 - They also find out what people need training on.
 - All forums have been held at the county DD Program office, as most services are centralized in Corvallis. Other counties would need to consider the best places for their particular situation.
 - They advertise the forums through the ARC newsletter, targeted mailings, county newsletter, special invitations to people they particularly want to attend.
 - They have food available at the meetings.
 - Because the forums including people with developmental disabilities: they keep it simple.
 - a) colored cards to vote
 - b) meetings have 3 basic components: Information, Issues, and Any Ideas

As an example of an Open Forum, the results of the forum demonstration conducted on February 3, 2005 are presented below.

RESULTS OF THE DEMONSTRATION OPEN FORUM:



As a topic, we used:

“We are interested in gaining an understanding of your experiences and perspectives related to the QA Coordinator role. What barriers and challenges are you experiencing?”

All meeting participants (including QA coordinators and Program Directors) participated in the Open Forum. No state personnel were present for the discussion.

WHAT BARRIERS AND CHALLENGES ARE YOU FACING AS QA COORDINATORS?

- Getting information from other people in their offices.
 - They don't have a networked computer application to help with tracking, so have to go to other people to get the data they need.
- The perpetual state/county potential conflict.
- We have a plan in place, a lot to be checking. I have been around a while, so many come to me for answers, so little gets put into putting the system in place—Lots of splintering. I know a little about everything—“Head Hen.” But, how do we show we are doing the things in our plan?
- We have tons of documentation but no one who wants to look at it—so guidelines would help program directors know what to ask for.
- As we try to do more with less, there are 2 customers of QA:
 - QI—consumers who want wonderful services.
 - QA—state and federal governments (paperwork).
 - These can be diametrically opposed.
- We are floundering around what exactly are the government entities requiring, what data, what format? Need clear guidelines.

-
-
- Visibility in the office. Make what we do a part of the fabric of the office, not a lone ranger, but part of the team; give meaning to the data so that people can be motivated by it.
 - Hard to shift into more accountability, and we represent that by virtue of our job title.

WHAT SOLUTIONS? WHAT IDEAS DO YOU HAVE FOR ADDRESSING THESE? NEXT STEPS?

- Doing a self-evaluation for visit from the state.
 - We knew there were big chunks where we were ok.
 - Jessie M’s checklist.
- Our meetings here are helpful; especially the last several. Continue these meetings.
- Our group here could make recommendations so there is more of a loop, feed into state, make suggestions for forms not working, changes, be a mouthpiece via this group.
- In these meetings, we have said it would be nice to have clear direction format. If we had a clear dialogue, gave consistent message.
- Decide here what we are going to do.
- Need the feedback on how we do things.



CUSTOMER SATISFACTION MEASURES (using colored index cards: Red—not important or not good, Green—important, or very good, Yellow—not sure).

“How do you feel about the QA processes in your county?”

Results: Red: 1
 Yellow: 10
 Green: 8

APPENDIX

Sample Customer Satisfaction Survey Questions and Formats

The following pages include sample questions and formats for customer satisfaction surveys that have been used by various organizations in Oregon and across the country. Use these as samples for designing your own survey. They present ways to word questions, even if the question itself doesn't apply to the particular survey you need to develop. Some would work well for an interview ("Do You Have Quality Services?"), others are better as written surveys.

Whatever survey you develop, DHS and SPD may wish to establish a set of common questions that would be asked by every CDDP. When this occurs, you will need to add them to your survey.

Do You Have Quality Services?

Check if your answer is “Yes.”

- _____ 1) Do you feel you are treated with courtesy and respect?
- _____ 2) Do staff members ask you what you want?
- _____ 3) Do staff members make it easy for you to work with them?
- _____ 4) Do people try to help even if it is not their department?
- _____ 5) Can you get help in time to avoid a crisis?
- _____ 6) Do you feel that you can rely on your services and providers?
- _____ 7) Is there a complaint system that is easy to use?
- _____ 8) Are you asked whether your supports are working okay?
- _____ 9) Are you asked if your needs are changing?
- _____ 10) Is the information you need easy to find and understand?
- _____ 11) Is it easy to tell if you’re eligible for service?
- _____ 12) Can you get help if you need it while you’re on a waiting list for service?
- _____ 13) Is it easy to change your services?
- _____ 14) Can you choose how you get your services?
- _____ 15) Can you turn down services you don’t value?
- _____ 16) Do organizations that serve you tell you their service standards in writing?
- _____ 17) Can you get information and data to help you compare services?
- _____ 18) Would you choose these services or supports for yourself?
- _____ 19) Is alternative dispute resolution such as mediation available to you?
- _____ 20) Do you know who to call if you suspect abuse or neglect?

--Adapted from *Shaping Our Destiny: Consumer’s Guide to Quality Community Services*.

http://www.open.org/~people1/articles/shaping_destiny_consumer.htm

**Commission on Rehabilitation Services
Customer Satisfaction Survey
(Excerpt)**

Circle the answer to the right which BEST tells how you grade each item below. Feel free to ask for help in filling out this survey if you need it.	Customer number:					
1. It was easy for me to find and visit my counselor's office	☺ VERY GOOD	GOOD	OKAY	BAD	☹ VERY BAD	
2. I got the services I needed	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
3. I was able to pick the kind of help I got.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
4. I was able to pick the people who helped me.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
5. My counselor was nice to me.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
6. The other staff were nice to me.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
7. I was able to talk to my counselor when I wanted to.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
8. I got help fast when I needed it.	VERY GOOD	GOOD	OKAY	BAD	VERY BAD	
If you want to talk to someone about your services, then check the box here <input type="checkbox"/>						
DID SOMEONE HELP YOU FILL OUT THIS FORM? <u> </u> YES <u> </u> NO						

Lane County Developmental Disabilities Services Survey



You receive case management services from us, such as:

- * Care plans
- * On-going support and assistance
- * Foster care or group home placement
- * Housing
- * Referrals for school and work programs

We would like to know what you think. Will you please answer the following questions and return this form to our office in the postage-paid enclosed envelope? Thank you.

How did we do in these areas (please circle one):

1. The support and services I receive from my case manager have helped me	Excellent	Good	Poor
2. I feel that my case manager listens to what I need.	Excellent	Good	Poor
3. I feel that my case manager tries to get the support and services that I say I need.	Excellent	Good	Poor
4. My service and support plan includes my choices and things that are important to me.	Excellent	Good	Poor
5. I get to speak my mind with my case manager.	Excellent	Good	Poor
6. I think my case manager treats me fairly and respects my rights.	Excellent	Good	Poor
7. My case manager returns my phone calls promptly.	Excellent	Good	Poor
8. My case manager works with me to make sure I'm getting the supports and services in my plan.	Excellent	Good	Poor
9. I feel okay asking my case manager any questions I may have about my services or supports.	Excellent	Good	Poor
10. I feel okay letting my case manager know when I don't like something about the services I get.	Excellent	Good	Poor
11. I feel my case manager works at making sure I am healthy and safe.	Excellent	Good	Poor
12. My case manager works with other people in my life, such as my family, care provider, and people at my work or school.	Excellent	Good	Poor
13. I would rate how satisfied I am with the case management services I receive at Lane County DD as:	Excellent	Good	Poor

This form was completed by: ___ Me ___ Family Member ___ Parent/Guardian ___ Other

Thank you for your feedback!!!

07/04 I\DDDS\Survey\Case Management Survey.doc

Lane County Developmental Disabilities Services Survey



You just applied for services from Lane County Developmental Disabilities Services and we'd like to hear from you. Could you please answer the following questions and return this form to our office in the postage-paid enclosed envelope? Thank you.

How did we do in these areas (please circle one):

1. Helping me understand about applying for services	Excellent	Good	Poor
2. Helping me complete the application and forms	Excellent	Good	Poor
3. How I was treated by staff	Excellent	Good	Poor
4. How long the process took to complete	Excellent	Good	Poor
5. Having someone available to answer any questions I had	Excellent	Good	Poor
6. Helping me understand the decision that was made	Excellent	Good	Poor
7. Helping me know what to do if I disagreed with the decision	Excellent	Good	Poor

What was helpful to you this process? _____

What wasn't helpful to you in this process? _____

This form was completed by:

_____ Me (the person applying for services) _____ Other Family Member

_____ Parent/Guardian_____ _____ Other

Thank you for your feedback!!!

07/04 I\DDS\Survey\Adult Survey.doc

CUSTOMER SATISFACTION SURVEY

This survey was filled out by:

Me, the Customer A family member/legal guardian

A person I know and trust helped me

<p>1. Do you know what "<u>Name of brokerage</u>" services can do for you?</p> <p style="text-align: center;">Yes _____ Not Sure _____ No _____</p> <p>Comments: _____</p>																				
<p>2. I feel that people at "<u>Name of brokerage</u>" listen to me.</p> <p style="text-align: center;">All the time _____ Sometimes _____ Not at all _____</p> <p>Comments: _____</p>																				
<p>3. My plan says what I want it to say.</p> <p style="text-align: center;">Yes _____ Not Sure _____ No _____</p> <p>Comments: _____</p>																				
<p>4. I am happy with the supports and services I get.</p> <p style="text-align: center;">Very happy _____ They're okay _____ Not happy _____</p> <p>Comments: _____</p>																				
<p>5. The support and services I receive are helping me to get what I want (to reach my goals).</p> <p style="text-align: center;">Yes _____ Not Sure _____ No _____</p> <p>Comments: _____</p>																				
<p>6. When I want to make changes, people support me.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">PA:</td> <td style="padding: 2px 5px;">All the time _____</td> <td style="padding: 2px 5px;">Sometimes _____</td> <td style="padding: 2px 5px;">Not at all _____</td> </tr> <tr> <td style="padding: 2px 5px;">Provider:</td> <td style="padding: 2px 5px;">All the time _____</td> <td style="padding: 2px 5px;">Sometimes _____</td> <td style="padding: 2px 5px;">Not at all _____</td> </tr> <tr> <td style="padding: 2px 5px;">Family:</td> <td style="padding: 2px 5px;">All the time _____</td> <td style="padding: 2px 5px;">Sometimes _____</td> <td style="padding: 2px 5px;">Not at all _____</td> </tr> <tr> <td style="padding: 2px 5px;">Friends:</td> <td style="padding: 2px 5px;">All the time _____</td> <td style="padding: 2px 5px;">Sometimes _____</td> <td style="padding: 2px 5px;">Not at all _____</td> </tr> <tr> <td style="padding: 2px 5px;">Others:</td> <td style="padding: 2px 5px;">All the time _____</td> <td style="padding: 2px 5px;">Sometimes _____</td> <td style="padding: 2px 5px;">Not at all _____</td> </tr> </table> <p>Comments: _____</p>	PA:	All the time _____	Sometimes _____	Not at all _____	Provider:	All the time _____	Sometimes _____	Not at all _____	Family:	All the time _____	Sometimes _____	Not at all _____	Friends:	All the time _____	Sometimes _____	Not at all _____	Others:	All the time _____	Sometimes _____	Not at all _____
PA:	All the time _____	Sometimes _____	Not at all _____																	
Provider:	All the time _____	Sometimes _____	Not at all _____																	
Family:	All the time _____	Sometimes _____	Not at all _____																	
Friends:	All the time _____	Sometimes _____	Not at all _____																	
Others:	All the time _____	Sometimes _____	Not at all _____																	
<p>7. I know what to do when I have a disagreement with the "<u>Name of brokerage</u>" (Example: Grievance Policy)</p> <p style="text-align: center;">Yes _____ Not Sure _____ No _____</p> <p>Comments: _____</p>																				

Draft Support Services Customer Satisfaction Survey 5/23/03

8. I feel better about my life because of the supports and services I get through " <u>Name of brokerage</u> "			
A lot better _____	A little better _____	No better _____	
Comments: _____			
9. People in my life support me with reaching <u>my</u> life choices.			
PA:	All the time ___	Sometimes _____	Not at all _____
Provider:	All the time ___	Sometimes _____	Not at all _____
Family:	All the time ___	Sometimes _____	Not at all _____
Friends:	All the time ___	Sometimes _____	Not at all _____
Others:	All the time ___	Sometimes _____	Not at all _____
Comments: _____			
10. Are there supports and services that you need and don't get?			
Yes _____	Not Sure _____	No _____	
What are they? _____			
11. Do you feel safe? All the time ___ Most of the time _____ Not really _____ Please tell us why: _____			

12. I am happy with my life. All the time ___ Most of the time _____ Not really _____ Please tell us why: _____			

13. What would you change about the support and services you get, other areas you want to grow in or dreams you want to explore? _____			

_____ This is my first year with the brokerage

_____ I've been with the brokerage more than a year and have at least two annual plans.

Customer name (Optional): _____ Date: _____

Draft Support Services Customer Satisfaction Survey 5/23/03

Local Quality Assurance Resource Manual

Chapter 6

Improving Quality



NOTE: This Resource Manual is a product of the Research and Evaluation contract between the University of Oregon's Educational and Community Supports unit within the College of Education and the Department of Human Services, Seniors and People with Disabilities, State of Oregon (Agreement # 108857, Amendment 1). This chapter presents some of the quality assurance program requirements, as well as items that are not specifically required but offered as suggestions or examples. All CDDPs must remember that their role is to implement a Quality Assurance program that supports the state's current Quality Assurance Plan. The Resource Manual includes requirements for Quality Assurance Programs that are current as of June 2005. Because Administrative Rules and Contract requirements change, CDDPs should always check for and apply more current rules and contracts developed after the publication of this workbook.

Improving Quality

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Improving Quality

- Objectives:**
- Define requirements for quality improvement activities.
 - Discuss methods for selecting and carrying out improvement efforts.
 - Present sample formats for documenting corrective action and improvement efforts.

Requirements: Taking action to improve the quality of services, and evaluating the effect of corrective actions are required by the Oregon Administrative Rule for CDDPs.

This excerpt from the CDDP rule is current as of May 2005. Be sure to check the DHS website for any changes and updates. That website is:

<http://www.dhs.state.or.us/policy/spd/alpha.htm>

411-320-40 Community Developmental Disability Program (08/03/04)

(Sections deleted)

(9) *Local quality assurance program. Each CDDP must implement and maintain a local quality assurance system in accordance with these rules.*

(a) *QA system purpose and scope. The local quality assurance system will:*

(A) *Ensure the development and implementation of a quality assurance system by:*

(Sections deleted)

(ii) *Generally improving the quality of services by evaluating service delivery and outcomes and adjusting local planning and performance where needed.*

(Sections deleted)

(E) *Maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered.*

(F) *Take management actions as needed to improve service quality or to correct deficiencies; and*

(G) *Maintain records that document:*

(Sections deleted)

- (iii) *The CDDP's findings, corrective actions and the impact of its corrective actions that have been reviewed at a policy level within the CDDP's department structure within the County; and*

(Sections deleted)

(d) *Corrective actions. The CDDP will act to correct deficiencies and poor performance through management actions.*

(A) *Deficiencies and substandard performance found in services that are operated or subcontracted by the county will be resolved through direct action by the CDDP.*

(B) *Deficiencies and substandard performance found in services that are operated by the state or through direct state contracts will be resolved through collaboration with the Department.*

(C) *Deficiencies and substandard performance found in services provided through a Region will be resolved through collaboration between the regional management entity and the affected CDDPs.*

(Sections deleted)

(B) *Activities of the committee will include:*

(i) *Providing review and comment on CDDP plans for local QA plan activities;*

(ii) *Providing review and comment on data gathering instruments and methods; and*

(iii) *Providing review and comment on the results of information gathered by the CDDP and the effectiveness of corrective actions.*

QUALITY MANAGEMENT

PROGRAM DESIGN

Program Design sets the stage for achieving desired outcomes. Program Design addresses such topics as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare, and critical safeguards (e.g., incident reporting and management systems).

QUALITY MANAGEMENT

Quality Management gauges the effectiveness and functionality of Program Design and pinpoints where attention should be devoted to secure improved outcomes. Centers for Medicare and Medicaid Services (CMS) and others use the following phrases to characterize the three major functions of Quality Management.

- **Discovery:** Collecting data and direct participant experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement.
 - “Quality Components” such as SERT, Licensing, and Service Coordinator Monitoring are processes used for Discovery.
- **Remediation:** Taking action to remedy specific problems or concerns that arise.
 - Corrective Actions or Plans of Correction are used to remedy specific problems or concerns found during Discovery.



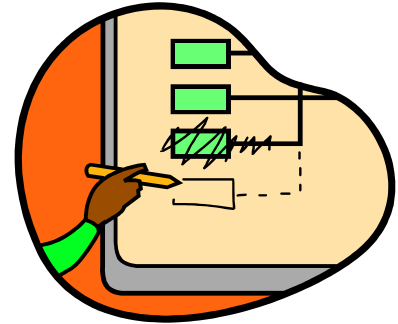
- **Continuous Improvement:** Utilizing data and quality information to engage in actions that lead to continuous improvement.
 - Continuous improvement includes an ongoing process of studying patterns and trends, finding root causes, selecting and planning strategies for improvement, taking action and evaluating the results.

Program Design features and quality management strategies will vary from program to program, depending on the nature of the program’s target population, the program’s size and the services it offers, its relationship to other public programs, and other factors.”

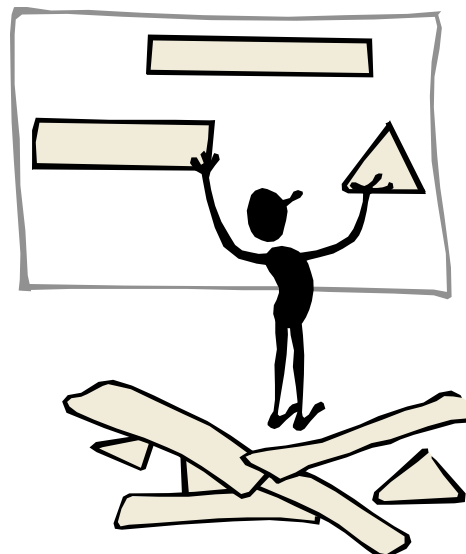
--adapted from the HCBS Quality Framework

Two fundamental strategies for improving quality discussed in this chapter are:

- Corrective Actions (Remediation) — steps taken or required to remediate deficits, particularly when practices or policies do not meet standards set by rule or contract; and
- Continuous Improvement — systematic efforts to study the causes of gaps in performance and imbed improved practices in systems to remediate those gaps.



In our work, we make many changes, but many of them are just that — changes. The purpose behind using a Quality Management strategy is to ensure that the *changes* we make result in real and lasting *improvements* in our processes and outcomes.

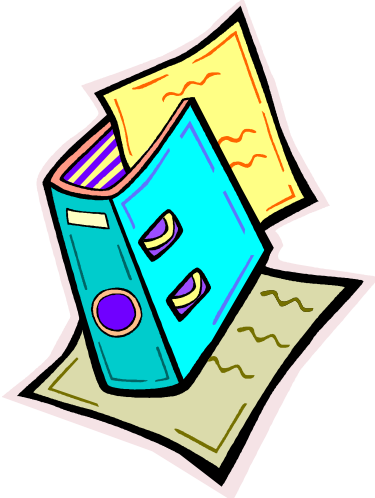


CORRECTIVE ACTIONS

CDDPs are very experienced in identifying and providing follow-up related to corrective actions required as a result of licensing or certification visits, service monitoring, or other quality assurance components. The CDDP OARs related to the Quality Program expect that CDDPs will maintain records documenting these and also review the corrective actions and their impact at a policy level within the CDDP's department structure.

In a Quality Management program, it is important to take advantage of the opportunity that Corrective Actions offer at two levels:

- As a strategy for ensuring that a specific agency or site improves its practices related to particular deficiencies identified during a Discovery process. The result of the Corrective Action, then, should be compliance with the required rule or practice at that site. This use of Corrective Actions is very familiar to CDDPs.



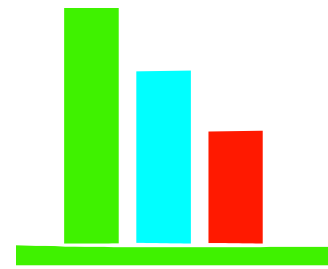
- As information that may assist the CDDP and the QA Committee to find ways to improve systems beyond that of the specific site or agency cited. The result of Corrective Actions used in this way should be information about where to best target system-wide improvement efforts, as well as potential improvement strategies. This is the use of Corrective Actions that is the focus of this section of the Resource Manual.

Guidelines and Suggestions

There are many possible ways to review Corrective Actions and their impact at a systems level. How you organize the data for review will provide support for the analysis.

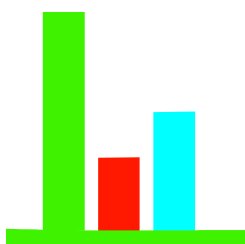
- It will be very useful to summarize the nature of Corrective Actions that have been implemented. For example, you might develop a **Pareto Chart** that displays the types of deficiencies requiring

Corrective Actions in foster care certifications during a particular time period. (See Chapter 4 on data for how to do a Pareto Chart.) Do another Pareto Chart for deficiencies in 24-hour residential programs, and another for Employment/Community Inclusion programs. This type of chart also could summarize errors on foster care tests, placing the item with the most errors across candidates on the left. Pareto Charts emphasize the areas most in need of systemic attention — perhaps an improvement in a specific aspect of the training materials or training curricula, in this case.



*Pareto Chart:
a special type
of bar graph*

Pareto Charts are used for frequency or “Count” data. They help to draw focus to the most common issue by placing the item with the highest count on the left, and others in descending order after that. Based on the principle developed by Italian economist Vilfredo Pareto that 80% of the results are due to 20% of the factors, Pareto Charts help us to move above individual detail to see patterns in data. While they are often used for displaying negative items such as categories of issues, problems, or complaints, they also can be used for positive items. You could display compliance with certification items—putting the item on the left that had the most sites in compliance, and the other items in descending order after that. The way you develop the graph would depend on the purpose for which you are using it. Do you want to make a decision about “what is working well” or a decision about “what needs to change?”

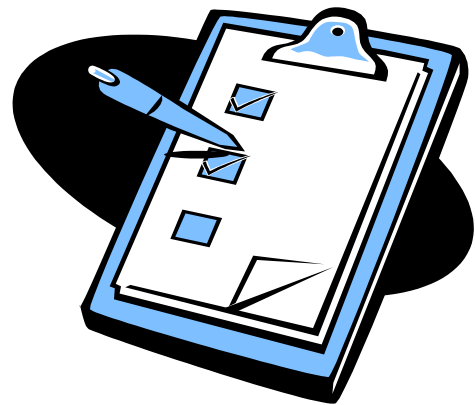


- You could do another type of bar graph (known as a **histogram**) of the length of time it takes for providers to fulfill Corrective Actions during a particular time period. In this case, for example, if 30 Corrective Actions were completed within 14 days, 10 within 1 month, and 15 more within 6 weeks, the graph would look something like the graph on the left. The axis across the bottom displays the number of days, from zero on the left to the maximum number on the right, and the vertical axis displays the count of items that falls within each range of days.

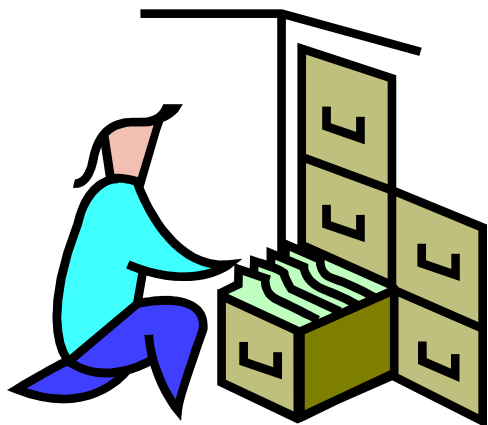
Use a histogram to display data across a continuous variable, such as number of days, or number of corrective actions. Always display the data in a histogram in order of that variable. Usually, the variable across the horizontal axis is divided into equal “bins,” so there are fewer groupings of the data. So, for example, number of Corrective Actions per review might be broken into bins 0-5, 6-10, 11-15, 16-20, and 20-25. Then the number of sites falling into each of those “bins” is what is graphed. (The Pareto Chart displays data across a set of non-continuous categories — such as types of Corrective Actions, or types of errors on a test.)

Using graphs such as these will help you, the QA Committee, and CDDP staff to pinpoint areas needing the most attention.

- Maintain a record of conclusions and recommendations that have been drawn from analysis of the information gathered. This may be done through QA Committee meeting minutes or through tables designed for the purpose. For example, SPD is using the following chart to document management decisions about strategies for improving performance after the 2004 Field Review of Support Services. For a CDDP, the table could list the Inventory results on the left and include a column to identify potential improvement projects, or other strategies such as provider meetings, or materials development.



Documentation Issue	Policy Issue or Expectation Clarification Needed?	Comprehensive Training Needed?
Clear documentation of follow-up on serious issues including Incident Reports	X	X
Maintaining current proof of guardianship		
Documenting when individuals allow family members to make decisions on their behalf	X	
Etc.		



A main point related to these suggestions is to find a way to summarize data that will provide more information to CDDP staff and to the QA Committee than is available through the individual pieces of information. It may be surprising, but our perceptions of generalizations from individual data often are not correct. Perceptions are affected by what has happened most recently, what was the most salient, or historical events that just stay in our minds. So, taking the time to actually summarize data —

whether that means summarizing data that are kept in individual files, or pulling data from a database — will yield more accuracy and a clearer picture of patterns and trends than will our memories.

Sample Report Format

The following pages present a sample format used in the Columbia County Quality program for summarizing results of Quality Components, and Corrective Actions. Using a reporting format that includes Corrective Actions helps to ensure that the QA Coordinator remembers to include information about these in their report. Additional examples of these forms are included in the *Critical Questions Workbook*.

SAMPLE FORMAT
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: 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>	<i>NO</i>	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 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

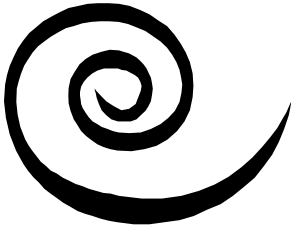
Department: Developmental Disability Dept.

Date: February 2005

Person(s) Responsible: ____, Program Manager; ____, Quality Assurance Coordinator;
____, Case Manager; ____, Case Manager; ____, Administrative Support

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:			

CONTINUOUS IMPROVEMENT



“Continuous Improvement” or “Quality Improvement” is a phrase that has meaning at many levels. It is as simple as improving the quality of the things we do, in little ways, every day. And, it represents an entire set of management philosophies and approaches to systematically improving the quality of work produced and the quality of work environments.

Some of the key features of a Quality Improvement program are:

- Data. A Quality Improvement program uses data to define the issues that need to be addressed, and to document the changes that are achieved by improvement efforts.
- Systems-focused. Quality Improvement efforts understand that the outcomes—or lack of outcomes—that we achieve are largely because of the systems that are implemented. Therefore, rather than focusing on a single employee or data point, Quality Improvement efforts target aspects of systems for improvement.
- Systematic. Quality Improvement programs use a set of step by step procedures for identifying targets to work on, and addressing those issues. They are characterized by order and planning.
- Customers define quality. In human services, CDDP customers include citizens with disabilities, state Seniors and People with Disabilities, and others. Quality Improvement programs ask for customer’s opinions of the quality of services, and build these into their efforts. State administrative rules are another way in which one set of customers defines quality. Involving QA Committee members is a good way to engage customers in Quality Improvement efforts.

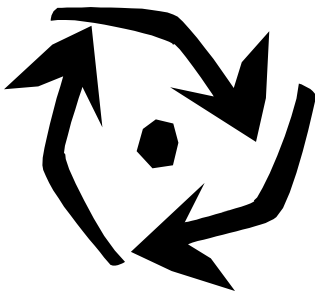
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-
- Collaborative. By involving employees and stakeholders in solving problems, Quality Improvement efforts are assured a richer understanding of the problem. By not using the project to find fault or place blame, individual and agency providers and employees are more willing to contribute to the project. Achieving results in Quality Improvement efforts requires the fearless cooperation of all who are involved.



A QUALITY IMPROVEMENT MODEL

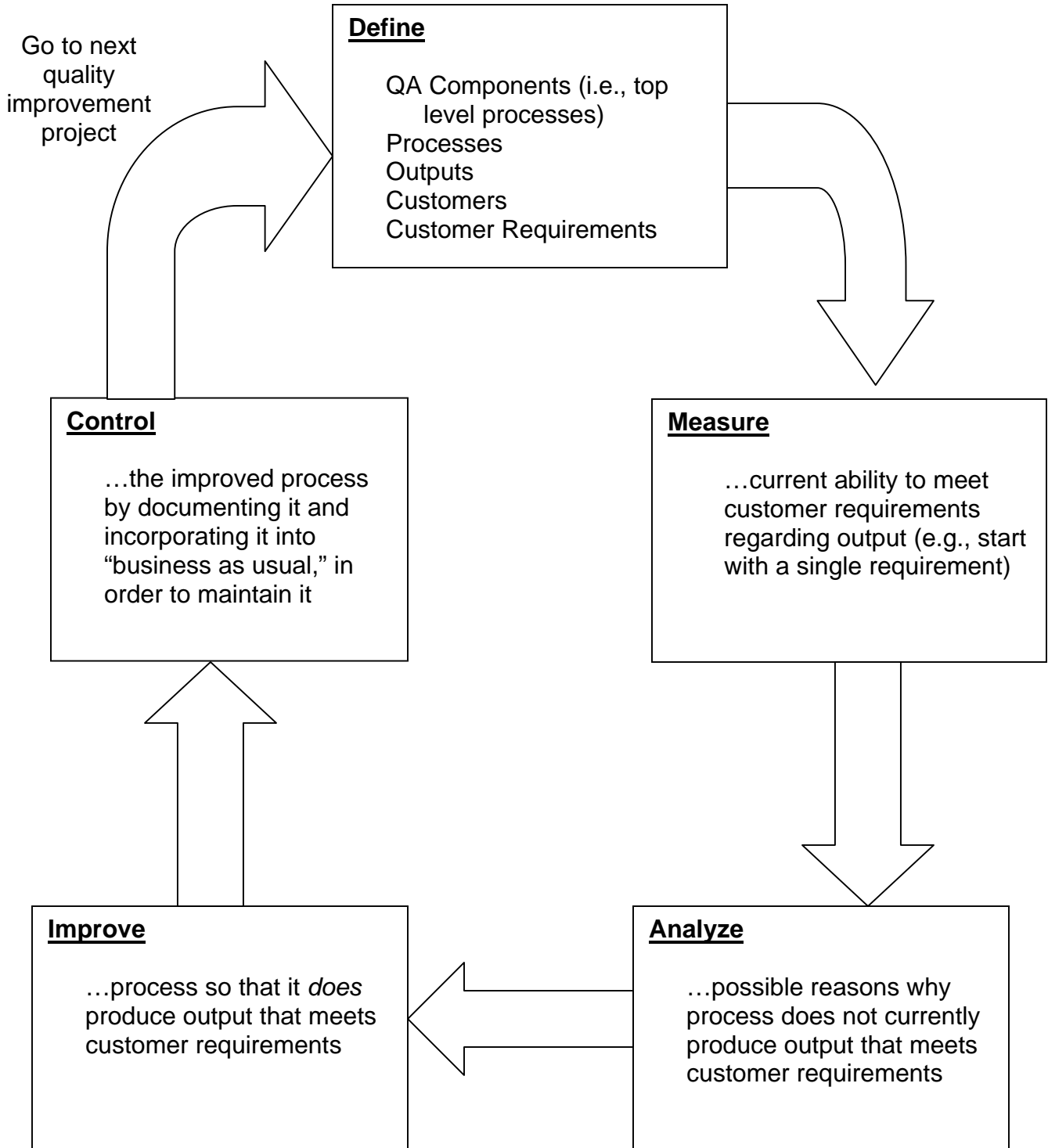
Fundamentally, Quality Improvement can be characterized in a few basic steps:

1. **Define** the target of the improvement effort.
2. **Measure** the current status—how is it doing now?
3. **Analyze** possible reasons why the process does not currently produce what is wanted.
4. **Improve** the process so that it does produce the desired output.
5. Document the changes and incorporate them into “business as usual” (**Control**).
6. Go on to the next Quality Improvement project.



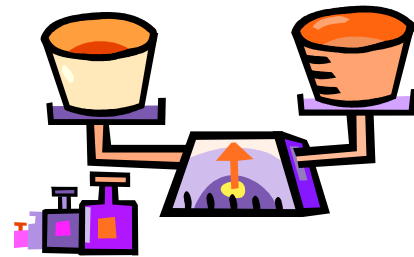
These steps have been established as a **Quality Improvement Model** used in many industries and is presented in the figure on the next page. Referred to by its acronym, “**DMAIC**”, this quality improvement model suggests an improvement strategy that can be used by CDDPs and Quality Assurance Coordinators in many different situations.

A Quality Improvement Model



MORE ABOUT DMAIC

- Define. Identify the Quality Component (e.g., licensing, SERT), the related processes, the outputs that are produced by the component, the people or groups who are the customers of those outputs, and their requirements for the outputs. Many Quality Improvement efforts are unsuccessful because they fail to start with a clear definition of what they are targeting. For CDDPs, outputs might be, for example, the results of site monitoring visits, or results of follow-up on Corrective Actions.
- Measure. In this step, measure the current ability to meet customer requirements regarding an output. It is a good idea to start with a single requirement, such as how well the CDDP is meeting requirements for the number of service monitoring visits per year, or the performance of sites during service monitoring visits. This defines a baseline against which improvement may be measured. The resulting difference between current performance and the customer requirement defines the “Gap” that needs to be improved.



- Analyze. The purpose of this step is to determine what is causing the “Gap” between actual performance and customer requirements. Formal quality improvement approaches use tools such as flowcharts and “Cause and Effect Diagrams” to help with this step. However, you also may brainstorm possible reasons, or collect further data to help with the analysis. The result of this step — which may take the



majority of the time required for the improvement effort — is clarity about why you are getting the results you are getting. Understanding the root causes of the problem will help you to select the most effective improvement strategy.

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- Improve. Based on the results of “Analyze,” determine what actions should be taken to improve performance on the targeted component. If the reason staff members aren’t keeping up with service monitoring visits is simply that they lose track of which sites they have visited and when, developing a database report that summarizes past visits and schedules future ones might be the answer. If staff is not documenting the visits well, the process improvement may require staff training, samples of good documentation, or a set of guidelines for how to document. Whatever improvement strategy is selected, however, it must be tied to correcting one or more of the most important reasons for the gap that was identified in “Measure.”
 - Control. We often find that changes we make to improve situations are fleeting. Staff members forget to use the new form, or otherwise fail to keep the change going. If a “change” is going to really be an “improvement,” it must be built into “business as usual.” Instead of dealing with a problem and moving onto the next issue, the “Control” step requires that QA Coordinators document the change and look for ways to make it the normal way to do business. There are many ways to do this — written procedures, staff training, staff meetings, reminder notices, accompanying staff when they are first trying new ways, flowcharts, including instructions and definitions right on the new forms, and posters are just some of the ways that organizations do the “Control” step.

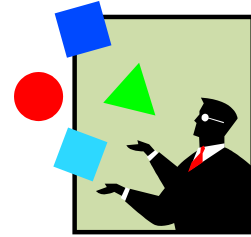


SOME BASIC GUIDELINES FOR APPLYING DMAIC



- Inventory. As suggested in Chapter 2 on Local Quality Plans, it may be useful to conduct an “inventory” of the Quality Components and quality indicators that are required, to determine a more complete list of the gaps that need to be addressed. This will give a more complete picture of possible development projects.

-
-
- Prioritize. There are always many possible targets for improvement efforts. Ask the QA Committee to help with establishing criteria for prioritizing projects. Especially for initial efforts, chose targets that are easier to carry out and have a high likelihood of success. Early success will help to build momentum for the Quality Assurance Program.

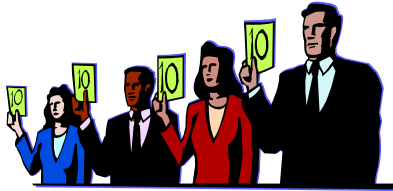


Sample Criteria for Prioritizing Possible Improvement Projects

- High prevalence — the improvement would affect many people.
- High impact — the improvement will influence important consumer outcomes.
- High probability of success — a quality improvement effort is likely to lead to improvements.
- Low cost — Improvements will not require significant resources or funds
- Project duration — the project will require limited time to implement and achieve desired results.
- Measurable — there are data sources available to measure changes related to the project.

- Define the Project Clearly. If you are using SPD’s Goals and Desired Outcomes as a way to organize your Plan and Committee work, then tie the project to a specific Desired Outcome, and define specifically, what you will target.
- Determine the type of project. Projects can be categorized into basically three types:
 - Design/Development Project. Develop a new system or process, e.g., a form, a method to report compiled data on PSIs, a way to compile important data from the home visits.
 - Remedy Project. Address an aspect of participant safeguards that falls in the “Priority Problem Area” or “Needs Improvement” range. (See the *Critical Questions Workbook* for how to define “Priority Problem Area” and “Needs Improvement.”)

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- Quality Improvement Project. Address an aspect of participant safeguards that falls in the “Meets Standards” or “Exceeds Standards” range. (See the *Critical Questions Workbook* for these definitions as well.)

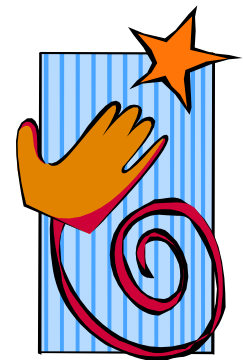


- At the start, determine how you will know that the project is successful. Be clear about the purpose of the project. How will you measure success? Define clearly what it is that you want to accomplish. How much of an improvement are you looking to achieve?

- Decide how you will carry out that project. For example, will it be done in QA Committee meetings, by a special work group, or CDDP staff? Who should be involved? What political barriers need to be addressed to ensure success? What will the work group need to do? What steps will be used? Will you apply the DMAIC process? What resources will they need to carry out the project? How much time do you expect it to require? When do you expect to complete the project? Answering questions such as these at the start will help to keep the project team on track and increase the likelihood of success.



- Document, Document, Document. Before starting on a project, document the current status so that you will be able to show what progress has been made. Document how you approach doing the project. Document the procedures that you use for improvement. Once they are documented, it will be easier to do the “Control” step to ensure they are built in everywhere. And, you may be able to learn from this project as you begin to work on others.



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-
- Summarize the Project. Treat the improvement effort like a trip that you want to remember fondly. Prepare a brief summary of the data collected, the steps that were taken, and the results achieved. Present the results to the QA Committee, staff members, or other stakeholders who may be interested in your improvement efforts. This will give more importance to the project and help to gain support for the Quality Assurance Program.

The *Critical Questions Workbook* and the sample pages provided with it are designed to be useful to QA Coordinators in reporting to QA Committees and defining improvement projects.

Quality Improvement Projects require discipline, data, and hard work. However, the benefits can be great. By working together with stakeholders, studying patterns and trends, and systematically addressing root causes of issues, QA Coordinators can achieve great changes in the processes and outcomes achieved in their communities. It does take time. And there are many, many possible things to do. It is easy for QA Coordinators to be overwhelmed by it all. But if you select one thing at a time, address it systematically, make sure it is built into business as usual, a year from now you will see how things have changed. And a year later, they will have changed even more. Yes, it is hard work. Your alternative is not to do it. But, if you don't do Quality Improvement Projects, what will things be like in two years? We encourage you to use this Resource Manual to support you in your ongoing efforts to improve the quality of services for people with disabilities in your communities.



GLOSSARY

Bar Graph – A type of graph used to display data in categories.



A Bar Graph

Continuous Improvement – Includes an ongoing process of studying patterns and trends, finding root causes, selecting and planning strategies for improvement, taking action and evaluating the results. Systematic efforts to study the causes of gaps in performance and imbed improved practices in systems to remediate those gaps. Continuous improvement is often used interchangeably with the phrase “Quality Improvement.”

Corrective Actions (Remediation) – Steps taken or required to remediate deficits, particularly when practices or policies do not meet standards set by rule or contract.

Customer/Consumer – The person or organizational entity that receives a service or product. This may include, for example, a person with disabilities, a staff member, or committee.

Customer/Consumer Satisfaction – The degree to which the services and supports offered to individuals fulfills and reflects their expressed desires, needs, personal goals, and choices.

Data Processing Tools – Methods used for compiling, organizing, and presenting data for analysis. This may include, for example pencil and paper methods, spreadsheets, and databases.



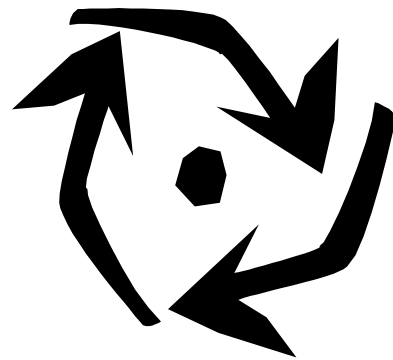
A sample data processing tool

Desired Outcome – A benefit to people with disabilities or a quality defined as an important aspect of a Goal identified by SPD. (Also see Goal.)

Discovery – One of the three major functions of **Quality Management**. Collecting data and direct participant experiences in order to assess the ongoing implementation of the program, identifying strengths and opportunities for improvement. “Quality Components” such as SERT, Licensing, and Service Coordinator Monitoring are processes used for Discovery.

DMAIC – Define, Measure, Analyze, Improve, Control—a systematic quality improvement model.

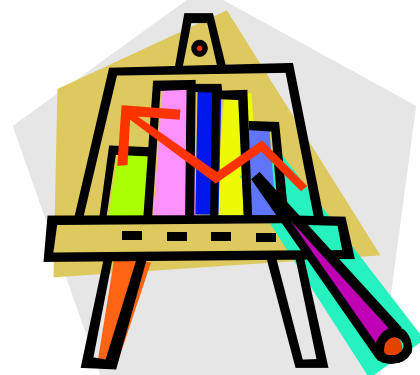
1. **Define** the target of the improvement effort.
2. **Measure** the current status – how is it doing now?
3. **Analyze** possible reasons why the process does not currently produce what is wanted.
4. **Improve** the process so that it does produce the desired output.
5. Document the changes and incorporate them into “business as usual” (**Control**).
6. Go on to the next Quality Improvement project.



Focus Groups – A strategy used with a group of individuals to collect data through small conversations around predetermined topics. A moderator creates an atmosphere that allows individuals in the group to express their experiences and perceptions.

Goal – A high level objective. SPD has established six goals related to defining the quality of developmental disability services.

Histogram – A type of a bar graph that is used to display the frequency of data across a continuous variable, such as number of days, or number of corrective actions.



Sample Histogram

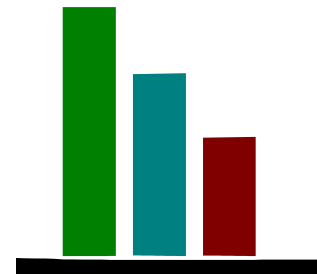
Line Graph or Run Chart – Used to display data across time by graphing the results achieved during different time periods. (Also see Run Chart.)

Local Quality Assurance Plan – A document that describes the major activities to be performed by the CDDP, including timelines for each of the activities. The local QA plan must be updated at least annually.

Output – Products resulting from a process.

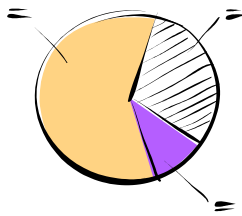
Outcome – Benefits provided to customers. The effects experienced by customers after services are completed.

Pareto Chart – A bar graph that places the bars in descending order left to right, with the highest bar on the left. This format displays which category is most common, and which is least common.



Pareto Chart

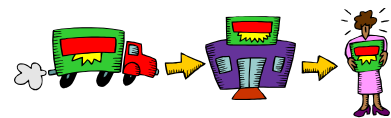
Performance Measurement Model – A conceptual theory for how to organize a system for gathering data useful for decision-making.



Pie Chart

Pie Chart – A type of graph used to compare the relative size of parts of the whole.

Process – The broad sets of activities engaged in by staff and volunteers to complete objectives related to the mission of the organization. Organizations have many types of processes, including planning processes (e.g., strategic planning), performance processes (i.e., processes for getting the basic work done), quality assurance processes (i.e., processes for measuring the quality of other processes or outputs/outcomes), and quality improvement processes.

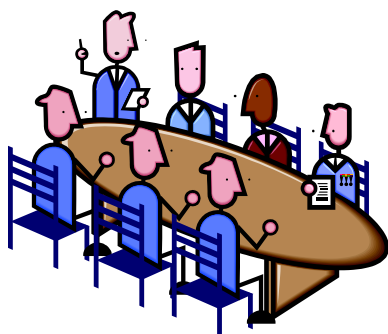


Process Data – Information gathered from activities completed (what did we do). Process data describes the steps that were done.

Program Design – Sets the stage for achieving desired outcomes. Program Design addresses such topics as service standards, provider qualifications, assessment, service planning, monitoring participant health and welfare, and critical safeguards (e.g., incident reporting and management systems).

Quality – Meeting or exceeding customer requirements. The degree to which services and supports for individuals with disabilities increase the likelihood for desired health and quality of life outcomes.

Quality Assurance – Activities that assure you meet or exceed requirements of customers. Processes that measure compliance with standards.



Quality Assurance Committee – A committee of stakeholders comprised of persons representing self-advocates, service providers, advocates, family members of individuals with developmental disabilities and service coordinators. The mission of the committee is to assist in the development and review of local quality assurance plans and activities.

Quality Assurance Component – The quality assurance processes that SPD expects CDDPs to implement. A source of data related to documenting performance on a desired outcome identified by SPD.

Quality Improvement – Improving processes so that they produce higher quality, improved outputs or outcomes. Using data and quality information to engage in systematic actions that lead to continuous improvement. Continuous improvement is often used interchangeably with the phrase “Quality Improvement.”

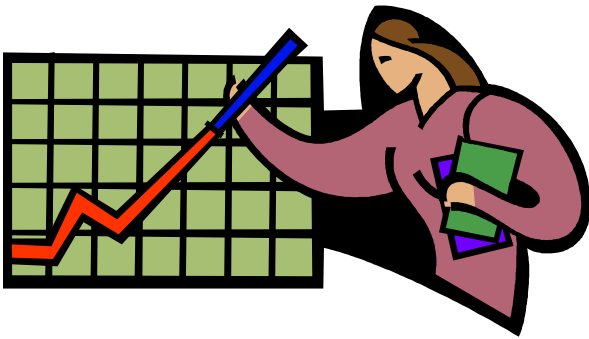


Quality Indicator – A measure used to assess and report about a characteristic of quality of a process, output, or desired outcome.

Quality Management – A management program that gauges the effectiveness and functionality of program design and pinpoints where attention should be devoted to secure improved outcomes. Quality Management includes three major components—Discovery, Remediation, and Continuous Improvement.

Remediation – One of the three major functions of **Quality Management**. Taking action to remedy specific problems or concerns that arise. Corrective Actions or Plans of Correction are used to remedy specific problems or concerns found during Discovery.

Results Data – Analysis of the information gathered from completed activities (what did we find out). Results data describes what resulted from the steps that were done.



Run Chart or Line Chart

Run Chart or Line Graph – Used to display data across time by graphing the results achieved during different time periods

Success Indicators – The measures indicating the performance of the quality assurance process.

Systematic – Step by step procedures for identifying targets to work on and addressing those issues. Characterized by order and planning.