



Quality Design Team Meeting Summary

Quality Design Team	Date of Meeting: July 15, 2011
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<p>Present:</p> <ul style="list-style-type: none"> • Jan Abelseth • Kate Bishop • Deb Burkhardt • Stan Butkus • Judith Berek • Bridget Cariello • Michael Doherty • Stephen Glicksman • Maxine George • Robin Hickey 	<ul style="list-style-type: none"> • Lauren Lange • Louie Lopez • Neil Mitchell • Maryellen Moeser • Richard Monck • Chris Muller-Dahlmann • Chris Nemith • Donald Patterson • Tom Richards • Anne Swartwout 	<p>Absent:</p> <ul style="list-style-type: none"> ○ Marisa Geitner
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Discussion Topics	Summary of Main Discussion Points, Considerations, Recommendations, Next Steps, etc.
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<p>Review of Design Team Parameters & Review and Approval of the June 20th Summary</p>	<ul style="list-style-type: none"> • Design Team Parameters were read and agreed to. • The June 20th meeting summary was approved by the group with one small change: under Activities, the presentation is from the Labor Management Group, not the Department of Health. <p>Clear agreement was reached on the following concepts:</p> <ul style="list-style-type: none"> • Any quality measurements need to be less deficit and compliance oriented and more focused on quality assurance and improvement. Quality needs to start with the individual and needs to ensure that organizations are responsive to individuals. • In addition, any quality design needs to incorporate technology to ensure that measurements have integrity, results can be responded to quickly, and the information is easily accessible to individuals and their families.
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<p>Presentation of an outline for the Quality Matrix</p> <ul style="list-style-type: none"> At the initial Design Team (DT) meeting, a matrix was developed to summarize the concepts that the group felt were important quality expectations for the People First Waiver. 	<ul style="list-style-type: none"> Six domain areas in the Quality Matrix are: <ol style="list-style-type: none"> 1. Individualized Services, Planning, and Service Delivery <ul style="list-style-type: none"> This domain includes the actual supports that the individual is receiving and if the needs of the individual are being met. Measurements would be based on the individual's Comprehensive Care Plan and not about where services are occurring, i.e., location of service delivery. Measurements would take into account the individual's choice, freedom, and individuality; the measure of quality relates to the outcomes for individuals. The provision of supports must ensure that health and functional support needs are met through the use of evidence based practices. 2. Protections/Health and Safety/Rights and Environmental supports <ul style="list-style-type: none"> This domain focuses on the assurance of protection for individuals through compliance with guiding regulations (Part 624/633). Measurements would ensure that physical locations are safe, e.g. fire safety and physical plant safety. 3. Supporting family/natural supports and community connections/community inclusion <ul style="list-style-type: none"> Services should ensure community inclusion to the extent that the individual desires. Utilization of natural supports should be encouraged where appropriate. 4. Workforce Performance <ul style="list-style-type: none"> Measurements would determine the qualifications of the staff that are delivering the services. Do they have competency in core areas, and are there enough staff to deliver the services? Measures would include indicators such as staff turnover and staff injuries. 5. Quality Management Plan <ul style="list-style-type: none"> This domain would cover measures of the work processes of the agency and the adequacy of the agencies' self assessment and quality
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	<p>improvement activities.</p> <ul style="list-style-type: none"> ▪ It would also review the policies and procedures that an agency has in place for continuous quality improvement. <p>6. Governance and Leadership</p> <ul style="list-style-type: none"> ▪ This domain would focus on items such as an agency’s fiscal sustainability, the adequacy of technology and data sharing/trending systems, and the board members and their involvement with the agency. <ul style="list-style-type: none"> • The group also discussed the need for agencies to know the standards so that they can consistently and continually work toward them. The oversight should not be prescriptive so that agencies have flexibility in determining the approaches to improving quality that will work best for them. • Agencies will be given a score (1-5) based on the outcome of the measurements within the above domains. The lowest level is where standards are not being met, and the higher levels will indicate that agencies are providing person-centered services, delivering supports that result in desired personal outcomes for individuals and employing leadership practices that support continuous quality improvement.
<p>Overview of National Core Indicators</p>	<ul style="list-style-type: none"> • The purpose of the National Core Indicators (NCI) project is to develop indicators to measure the performance of state developmental disability systems. OPWDD uses NCI to enhance the agency’s quality management activities and performance metrics. • Interviewers are trained to ensure consistency and proficiency in administering the instrument. • The survey includes domains measuring home, health, work, community inclusion, friends and family, rights and privacy, and satisfaction with services. The first section of the survey can only be answered by individuals receiving services. The second section of the survey may be answered by a person that is familiar with the individual’s



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	<p>life. Individuals who cannot answer the first section are still included in the survey.</p> <ul style="list-style-type: none"> The Design Team members discussed the benefits of including the NCI data as part of the rating system for quality.
<p>Personal Outcome Measures presentation by Jim Gardiner from the Council on Quality and Leadership</p>	<ul style="list-style-type: none"> The Council on Quality and Leadership (CQL) is an international non-profit organization that assists agencies with defining and measuring the quality of life for people who receive human services and supports. Mr. Jim Gardiner, CEO, presented to the group on three types of measurements. These were <ul style="list-style-type: none"> Basic Assurances. These quality measures relate to ensuring individual's health and safety. The measures take into account an agency's accountability to regulation and incident management, transparency, and fiduciary responsibility. Basic assurances also indicate if the agency's policies and procedures are operating in that person's life, i.e., they are actually being implemented. Personal Outcome Measures. This measures an agency's responsiveness to the individual. Certain items do not have set definitions, but instead use the individual's definition to determine if outcomes are in line with their interests and life choices. Person Centered Excellence: These measures ensure that what really matters to the person is being achieved, eg. is the individual exercising his/her rights and is he/she choosing where and with whom to live? There are three types of personal outcomes: clinical outcomes (treatment of acute and/or chronic disease), functional outcomes (range of motion, self-help, communication and adaptive skills), and personal outcomes (the individual's dreams and wishes). Assessments and the planning process should start with personal outcomes. Quality measurements should then ensure that these are being met for the individual. There needs to be full acceptance of an individual's dream with a clear dialogue about how to best realize desired



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	outcomes.
<p>Nursing Home Quality Improvement Initiatives presentation by Janice Dabney</p>	<ul style="list-style-type: none"> • Janice Dabney from the Labor Management Group presented information regarding the Federal Nursing Home Code. These standards look at such things as the occurrence of falls by residents, the number of flu and pneumonia vaccines given, and the number of pressure ulcers reported. A person-centered component has been added that includes review of a resident’s routines and personal preferences. • The goals of the Nursing Home Code are to increase resident and staff satisfaction, to decrease staff turnover, and reduce medical incidents (such as pain and pressure ulcers). • There is a four-step process to quality: 1) plan; what are you trying to improve?; 2) do, collect data and pilot change; 3) study, evaluate; and 4) act, monitor and change.
<p>Experiences in Tennessee and Georgia on Quality</p>	<ul style="list-style-type: none"> • Deb Burkhardt presented on how Tennessee and Georgia are using quality measures. • Georgia is currently using the Health Risk Screening Tool. The State uses it as the basis for care planning and has found that it has saved the State money and is allowing people to move to less restricted settings. Georgia uses an individual interview instrument that checks to ensure that the person is afforded choice. It also has components that include rights, health, and self preservation skills. There are staff competence and governance components as well. • Tennessee takes every agency and compares them for provider performance. There are three categories: substantial compliance, partial compliance, and limited compliance. This technique does not have individual satisfaction and does not determine if the person is getting what they want and need. • OPWDD’s Division of Quality Management (DQM) will be implementing a plan for aggregating performance data.



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	<p>Any quality measures that DQM uses cannot contradict any recommendations that the Quality Design Team develops. The plan needs to be compared to the domains on the matrix chart to ensure that they do not depart from them. Quality measures related to personal outcomes and person-centeredness need to be included in any plan.</p>	
Action Items		
<u>Action Item</u>	<u>Owner</u>	<u>Due Date</u>
<p>Complete Quality Matrix by inputting measurements and indicators. Include who has responsibility for ensuring the measurements and if that changes by level.</p>	<p>Kate Bishop, Stan Butkus, and Jan Abelseth</p>	<p>July 26, 2011</p>
<p>Work with DQM on the Plan for Aggregating Performance Data to ensure that the Quality Matrix domains are included.</p>	<p>Deb Burkhardt</p>	<p>August 23, 2011</p>
<p>Chart out draft recommendations, remembering that personal outcomes should always be at the forefront and that there needs to be transparency to ensure individuals are making informed choices.</p>	<p>Kate Bishop</p>	<p>July 26, 2011</p>
Additional Documents of Reference		
<p>CQL presentation, NCI presentation, and Nursing Home Quality Indicators presentation.</p>		

Next Meeting:

July 26, 2011

10am – 4pm

75 Morton Street, New York, NY