FLORIDA QUALITY COUNCIL

DELMARVA FOUNDATION &
HUMAN SERVICES RESEARCH INSTITUTE

JULY 28, 2010

Information about Quality Available to the QC

Delmarva data from the Discovery Review processes:

Person Centered Reviews

- Individual Interview Instrument
- National Core Indicators 'NCI'
- Health and Behavioral Assessment
- Service Specific Record Reviews

Provider Discovery Reviews

- Administrative Record Review
- Service Specific Record Reviews
- Observations

National Core Indicators

Information about Quality & Outcomes

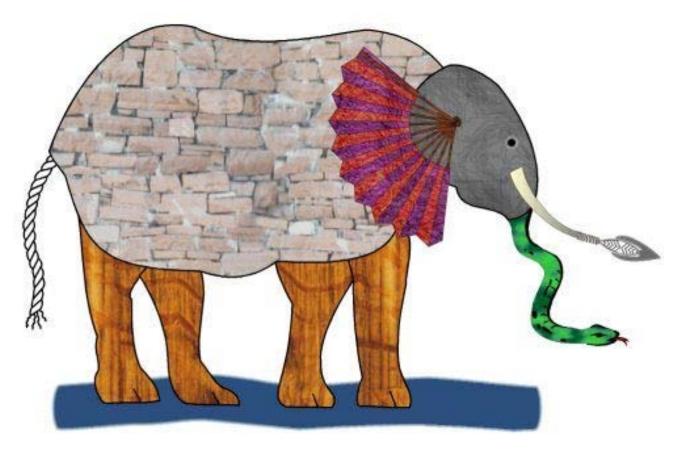
- National Core Indicators interview and survey report data will also be available. Started in 1996, HSRI and the NASDDDS* launched the Core Indicators Project (CIP) now called National Core Indicators or 'NCI'. NCI address: www.nationalcoreindicators.org
- Purpose is to use the over 100 performance and outcome measures to evaluate the quality of services for people with developmental disabilities.
- 26 states participate and 4 sub-state entities are currently members.

National Core Indicators Overview

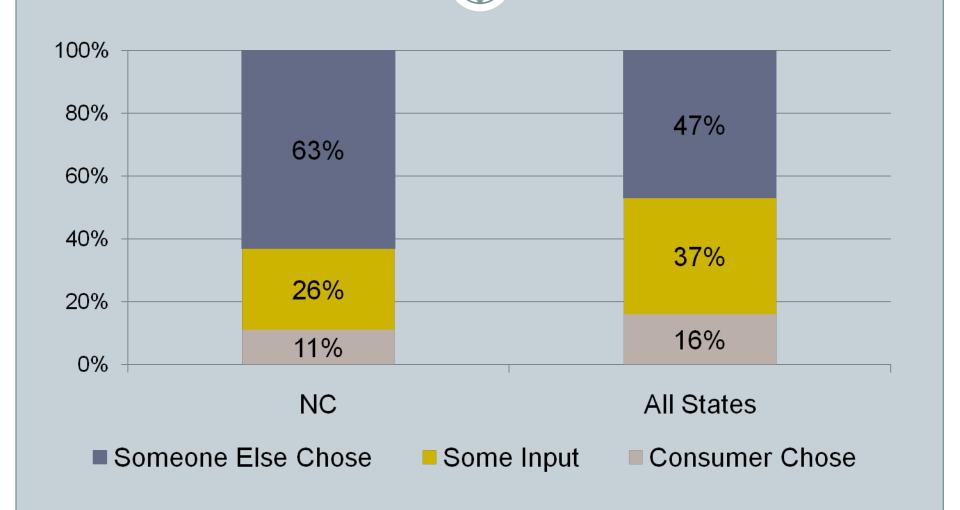
- In Florida, NCI data are collected by Delmarva 2 ways:
 - 1) in-person interviews with people receiving services and
 - 2) mail surveys with family members and guardians.
- States use NCI data to evaluate current performance but also to track changes in their state performance over time, as well as to compare their performance to other participating states.
- Link to most recent annual report of all NCI states:

http://www2.hsri.org/docs/CS%2008-09%20FINAL%20REPORT.pdf

Fable of the Blind Men and the Elephant: You Have to See the Whole Picture



Example 1: NCI Consumer Survey Report 2006-2007 (Developmental Disability services)



Source: National Core Indicators question, Who chose the place where you live?

What does this chart tell us?

- Most people who receive services in NC (over 63%) did not have any choice over where they live.
- Compares NC to other NCI states (over 47% of people across the U.S. receiving DD services did not have any choice over where they live).
 NC is not performing on this quality indicator as well as other states.
- What is the state's target goal? We can't tell this from the chart.
- And did NC make improvement over prior years in this area? If not, why not? If yes, what accounted for improvement?
- NCI data are statewide which gives a picture across the state, but there may be regional or local variance not captured in statewide picture.

Performance by Service within APD Area 1 (Fake Data) Provider Discovery Review July-Sept 2010

Service	No.	Percent	Aı	rea rank	Versus Sta	te Average
Personal Care Assistance	16	100%	1		64%	36%
Support Coordination	20	26%	12	II	56%	-30%
Supported Employment	14	56%	5		46%	10%
additional serv	vices ar	e monitored				

Indicator Key 10% or more increase increase less than 10% decrease less than 10% 10% or more decrease

What does this table tell us?

- Slide shows part of the total chart
- Results from the PDR Service Specific Record Reviews
- Shows how providers are doing on average in Area 1 for each of the 3 services
- Several different displays of the same information
 - Score as a percent
 - Area rank with #1 being the best
 - Comparison to the state rate
 - ▼ Percentage point difference
 - Arrows for more visual comparison

Provider Discovery Review (Fake Data)

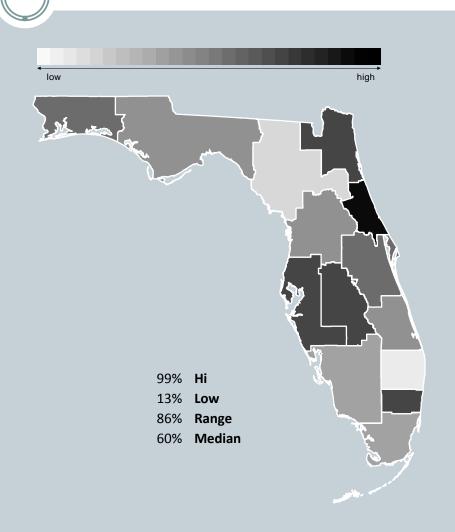
April - June 2010



APD Area Comparison for Selected Service (Fake Data) Adult Day Training

Area	Percent	vs State
1	67%	_
2	49%	
3	26%	
4	77%	_
7	64%	_
8	47%	
9	13%	. i
10	79%	
11	42%	
12	99%	
13	56%	
14	78%	
15	49%	
23	80%	
State	59%	

Reporting Period: July 2010 - Sept 2010



Data Analysis Tips for Quality Councils*

- Use multiple sources of info.
- Are the data VALID? Validity means the data you collect actually measure what you intended to measure.
- Watch out for BIAS, factors that could influence the data:
 - When information is self-reported (e.g., abuse/neglect reports, incident reports) we may want other oversight and quality monitoring in place
 - When a consumer is interviewed about their services in front of a provider or their Support Coordinator
- Be wary of small numbers. If a sample size is small only a few cases can have a large impact on the results.

^{*}Report by Steve Staugaitis, Ph.D., General Principles for Using Data as a Quality Improvement Tool: A User's Guide for the Massachusetts DMR Quality Councils, 2005. (Hand out)

Why Should People with Disabilities and Family Members Be Involved in Quality Management?

- They have a better idea of what people with disabilities and their families need to know to make choices.
- They have expertise and experience others don't have.
- They can represent the interests and concerns of people receiving services in ways managers and providers cannot.
- Involving them provides a way for their input into policy making and strategic planning.



Next Steps for Florida Quality Council

- Continue to learn how quality improvement is done in Florida.
- Be prepared for meetings by reviewing information in advance.
- Make sure the information is prepared and shared with council members in a way that is accessible to every member.
- Let state staff know whether the discovery processes are tracking the quality issues most important to people receiving services and their families.

YOUR WORK IS IMPORTANT. THANK YOU!!!

Contact HSRI



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