



agency for persons with disabilities
State of Florida

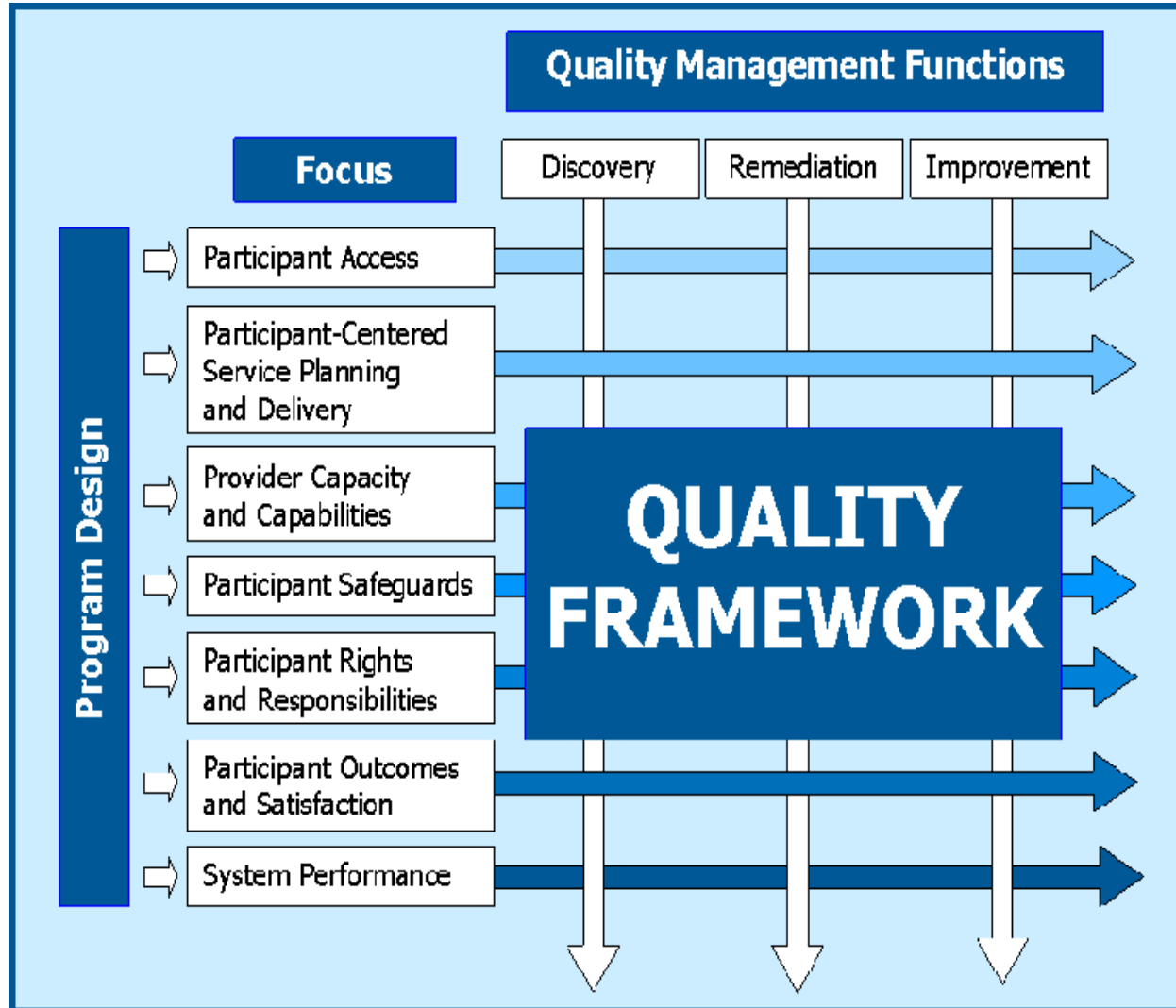
Managing Quality of Services for Persons with Disabilities

- Charlie Crist, Governor
- Jim DeBeaugrine, APD Director
- Pedro Moreno, Operations Deputy Director
- Dr. Steve Coleman, Acting QA Bureau Chief

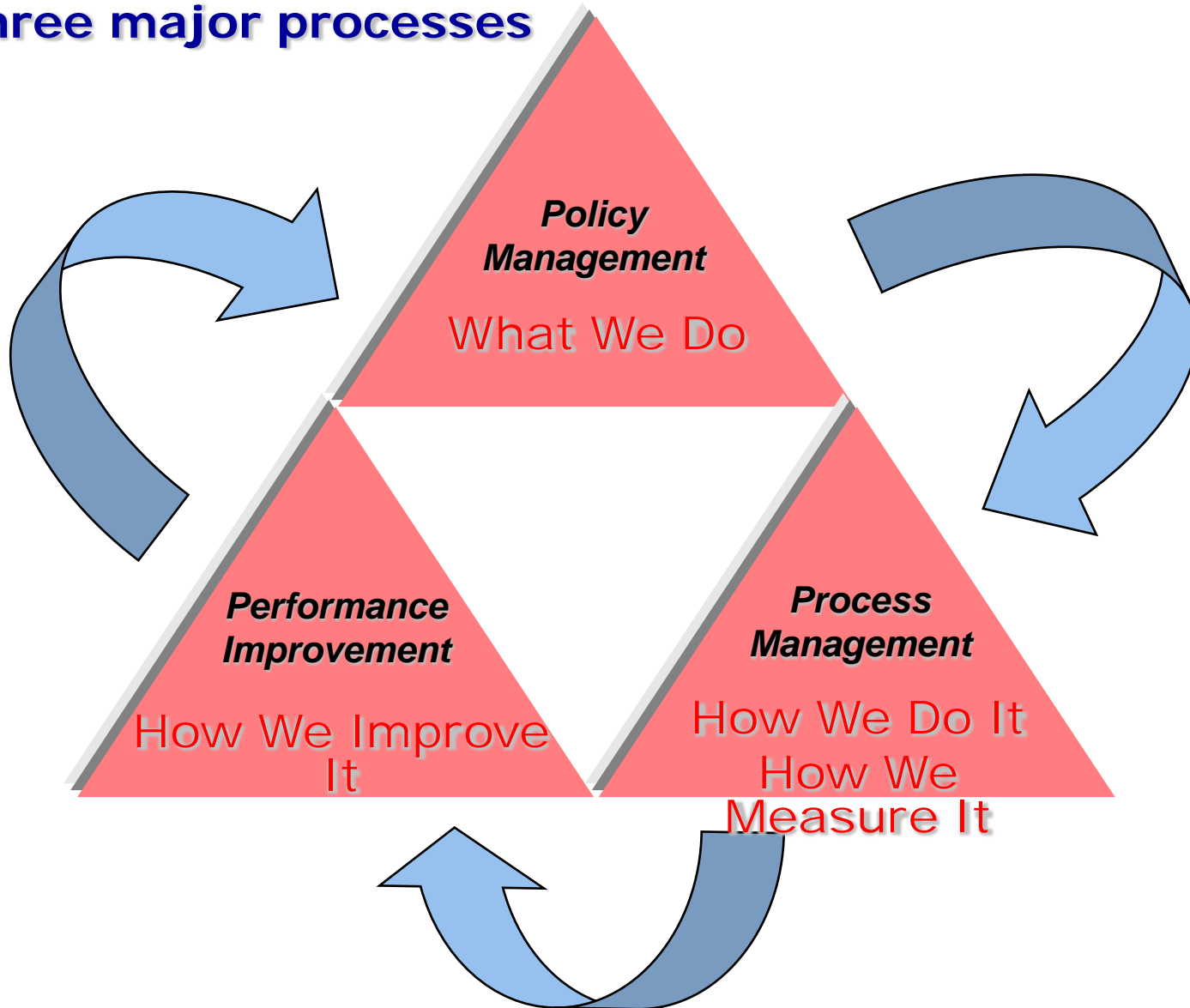
Objectives of Presentation

- Describe a Complete Quality Management System
- Describe the Discovery Process / Process Management
- Describe the Remediation / Quality Improvement Process
 - How Discovery and Remediation fit into the overall Quality Management System

CMS Quality Framework



The APD Quality Management System is driven by three major processes

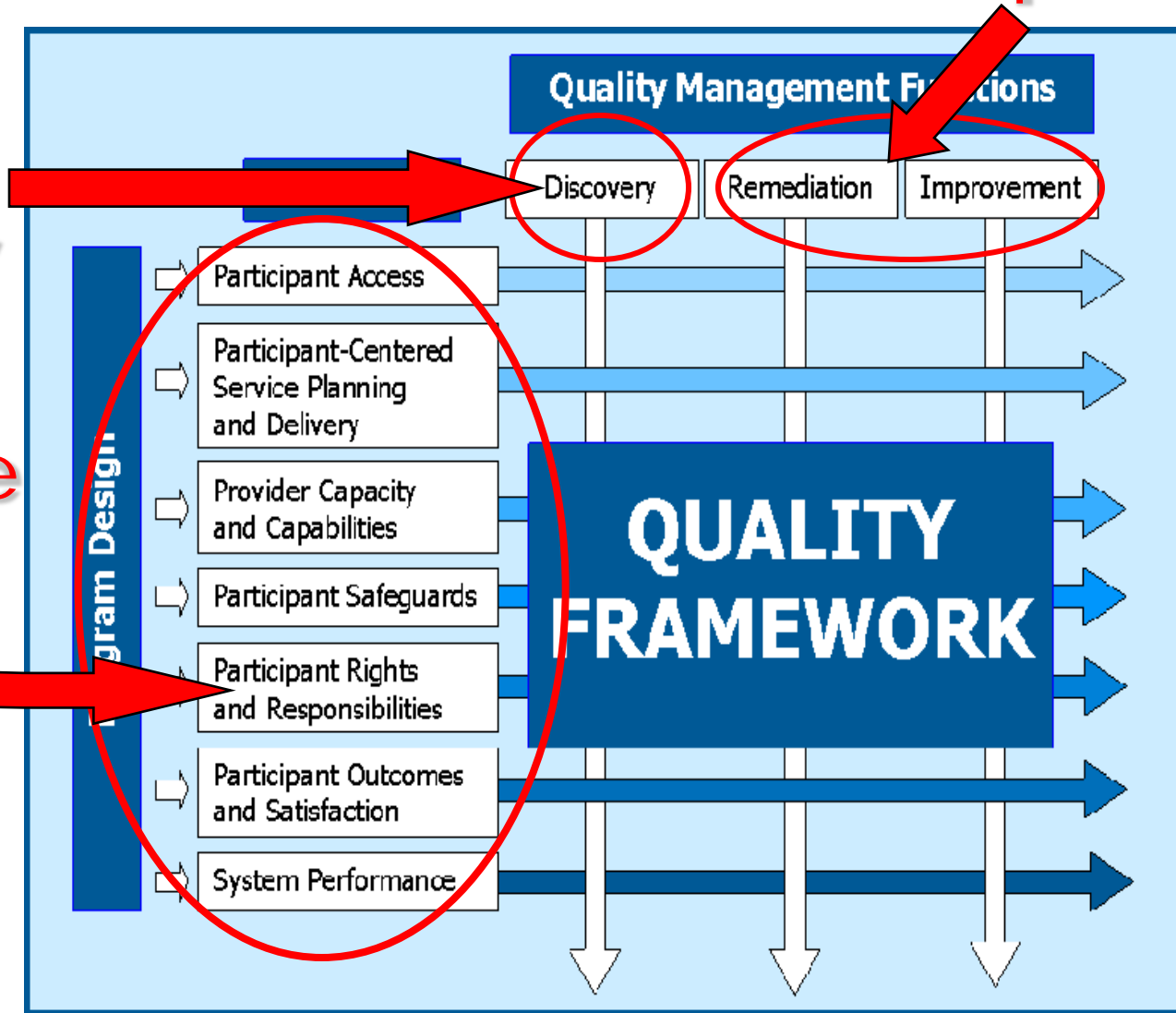


CMS Quality Framework

How We Improve It

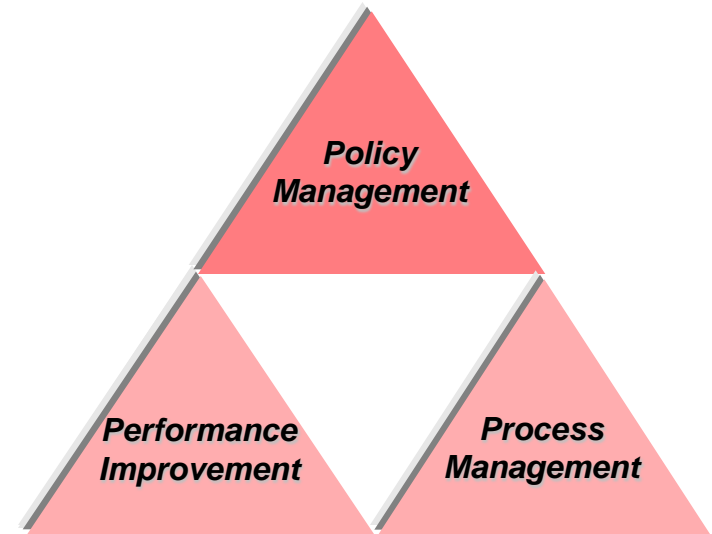
How We Measure It

How We Do It



Policy Management "What We Do"

- This is the Strategic Planning Process
- Leadership sets the direction
- Identify customer needs
- Intent is to link Mission, Vision and Values to everyday work
- Set performance targets
- Organizational priorities drive improvement efforts
- Strategic plan is developed and deployed
- Communicates/reinforces the vision & performance expectations



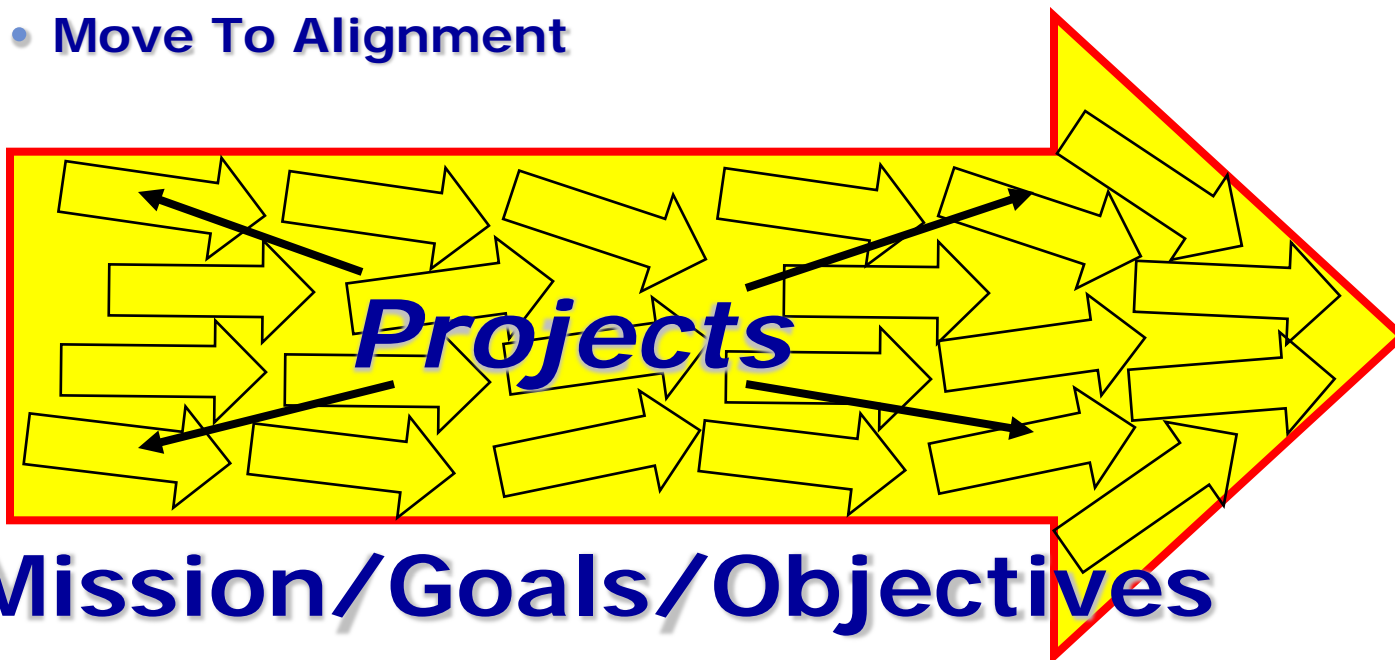
Strategic Planning

- Want to Move from Misalignment

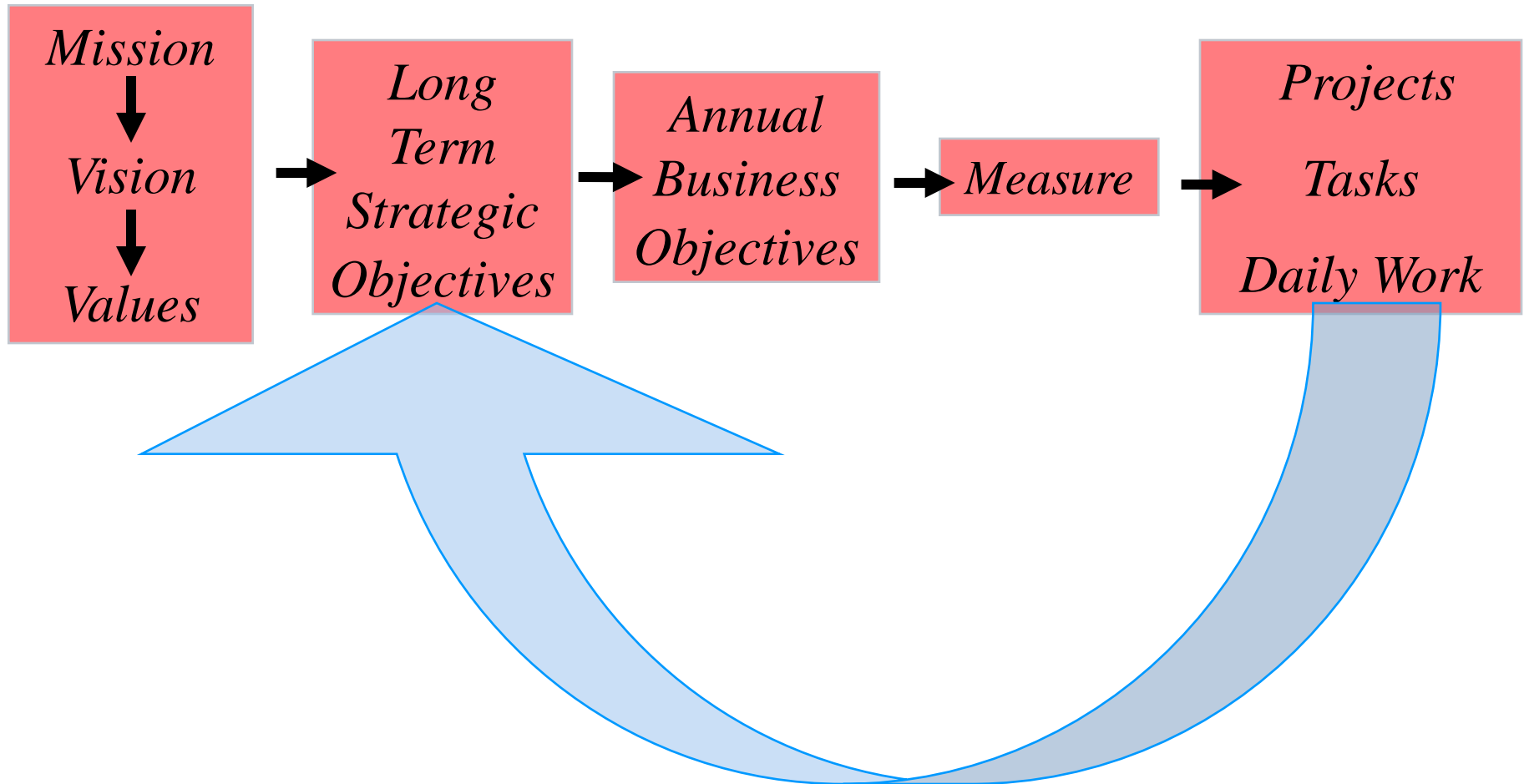


Strategic Planning

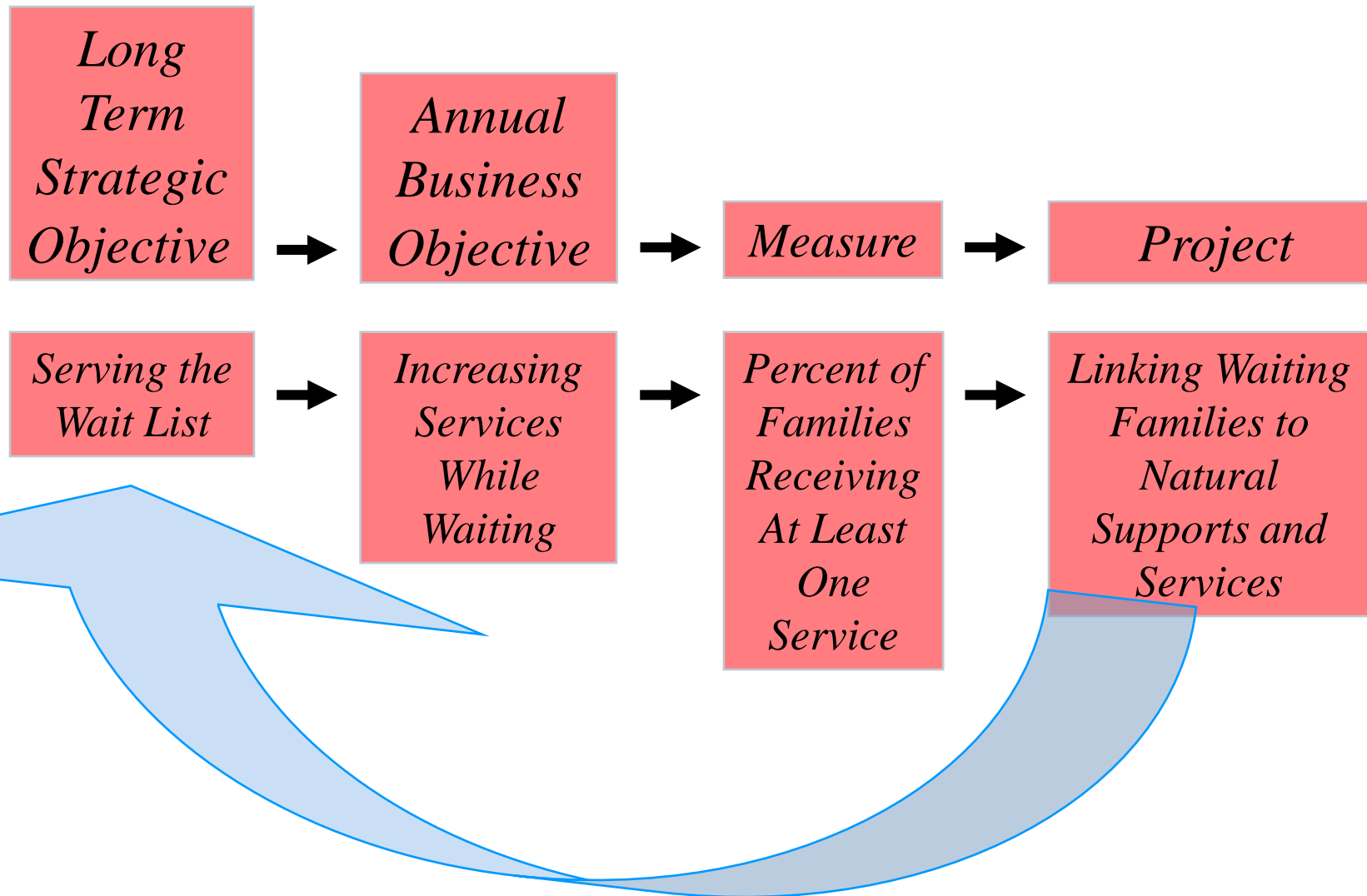
- Move To Alignment

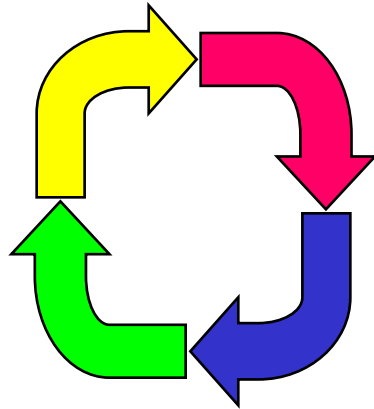


Formal Projects and Daily Work Strategically Linked

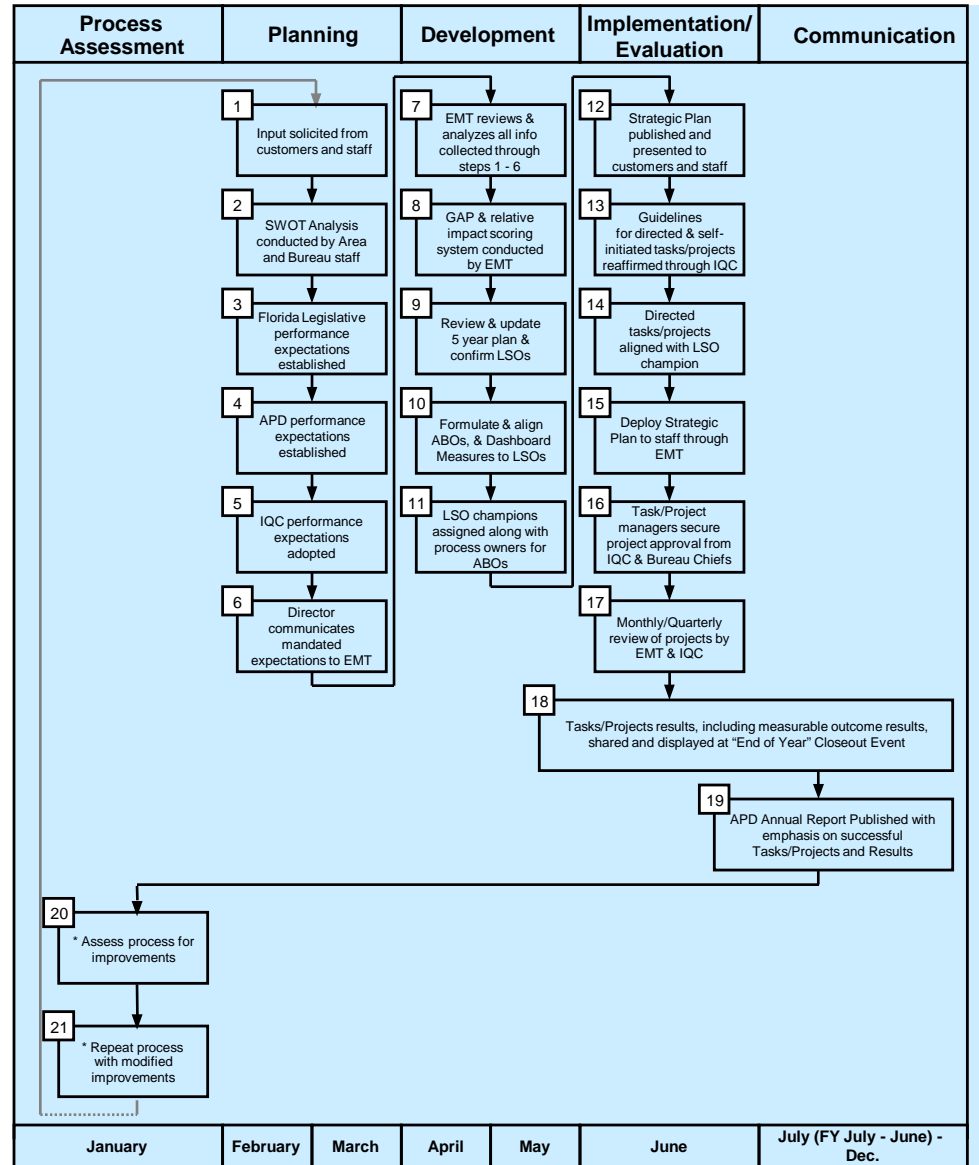


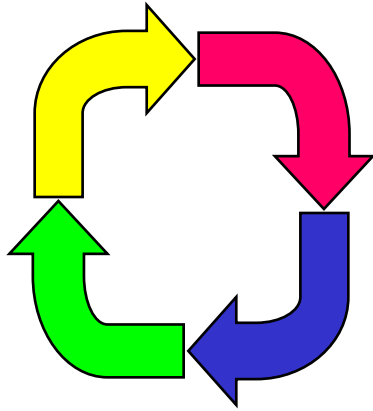
Formal Projects and Daily Work Strategically Linked





A prescribed Strategic Planning process is proposed, which would include the Discovery, Remediation and Quality Improvement

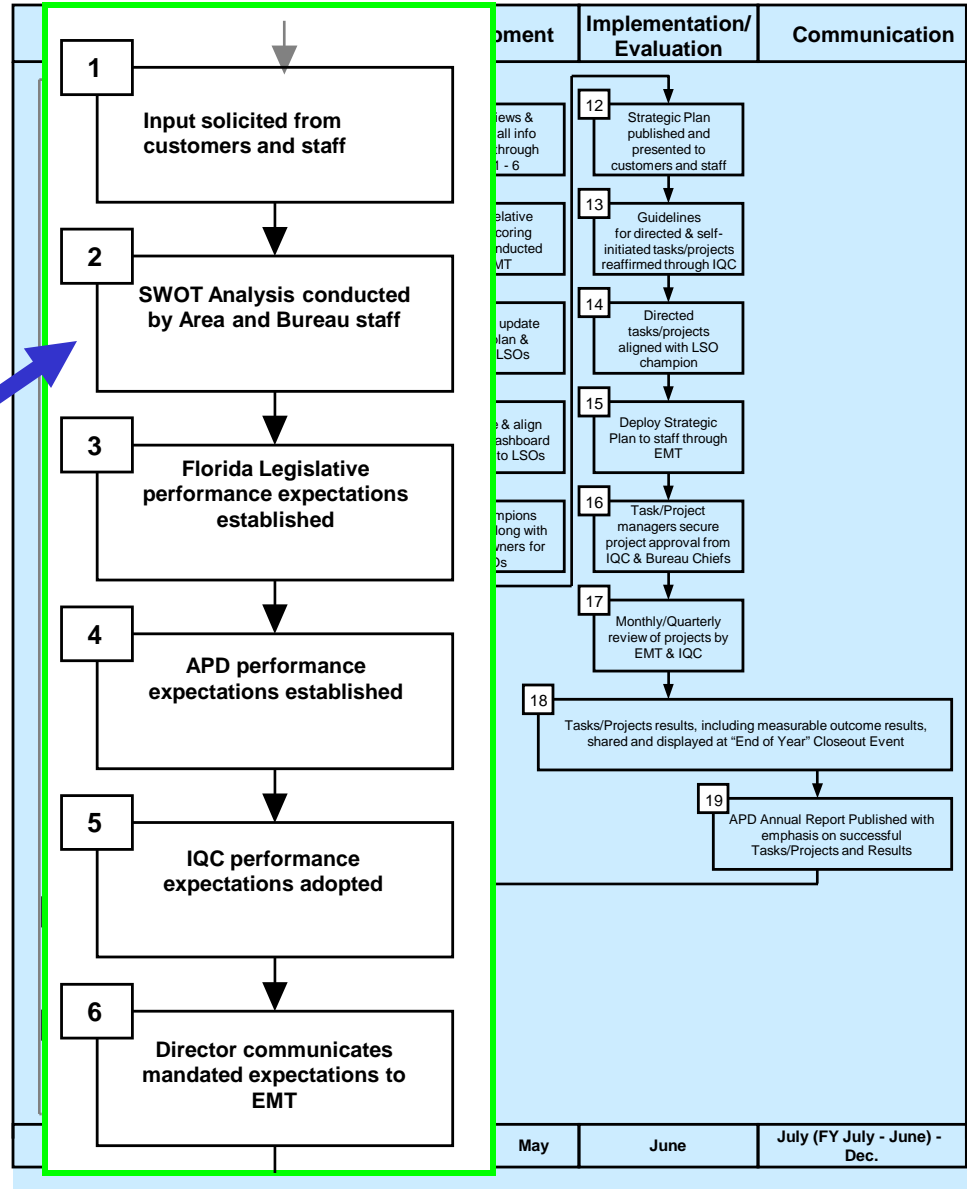


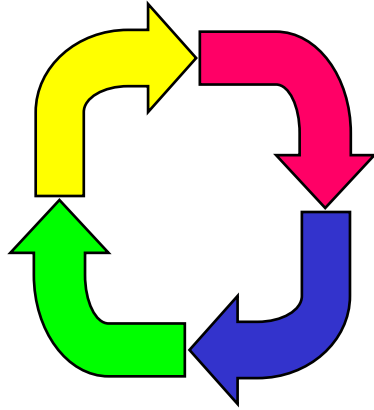


During Planning:

“Gathering Phase”:

Input from All & Key Process Data





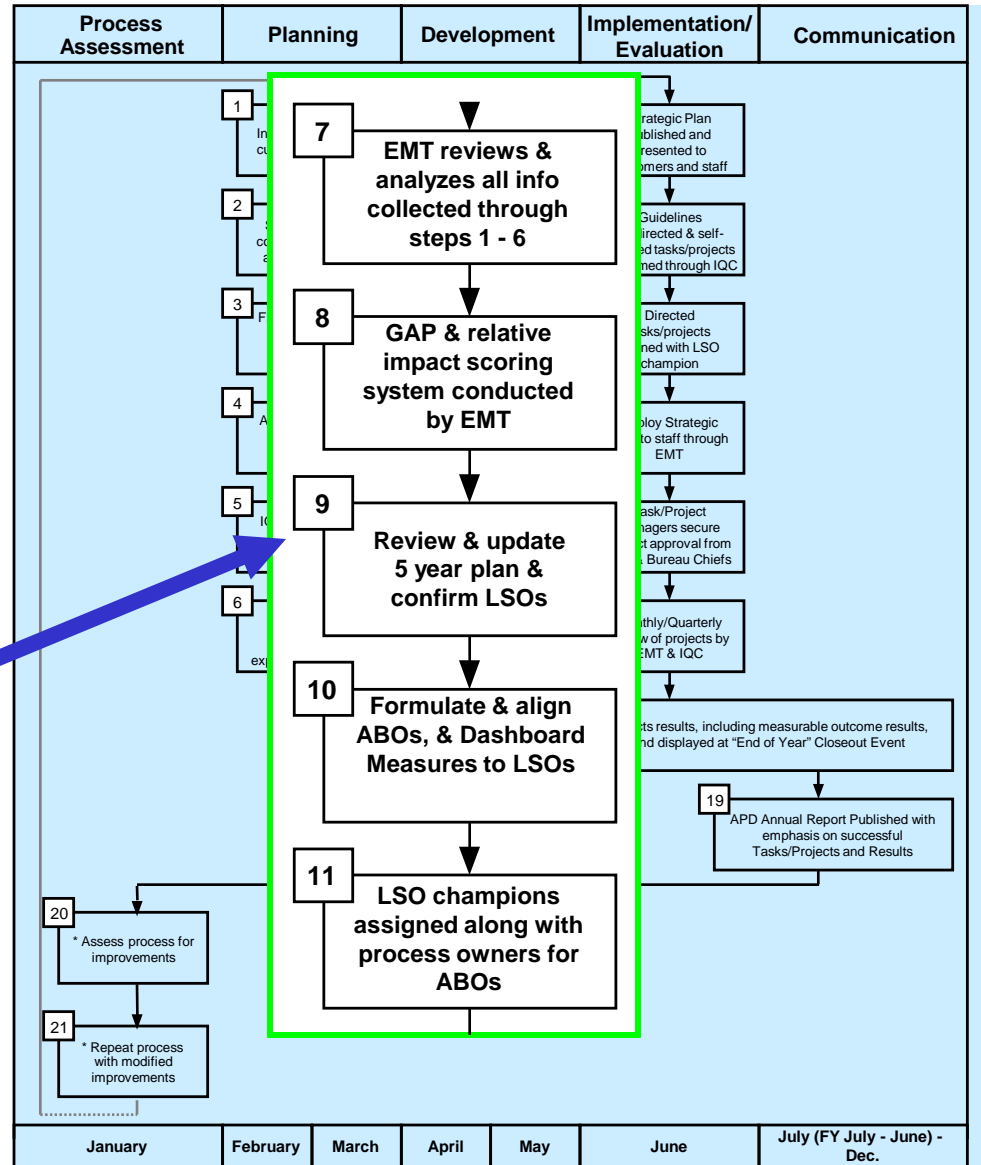
In Development:

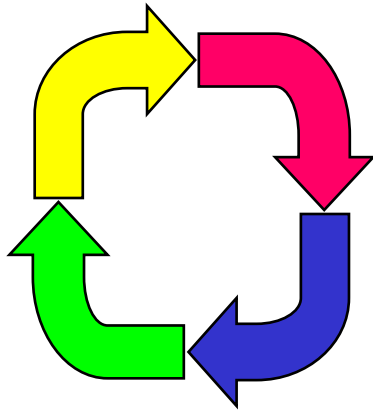
Summarize SWOT Results & Identify Themes

Reaffirm LSOs

Formulate ABOs

Align Key Measures



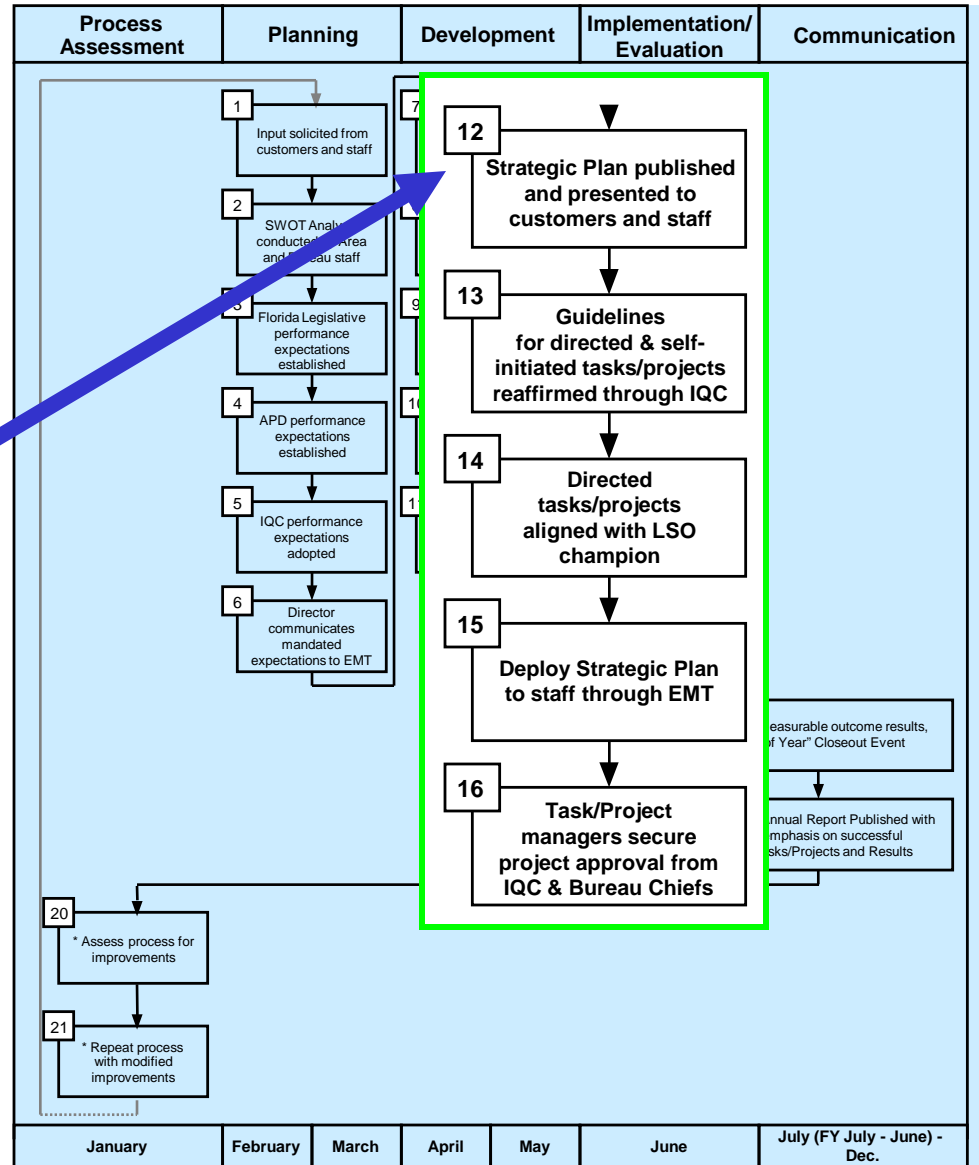


During Implementation:

Strategic Plan is deployed:

Deploy priorities internally

Market externally





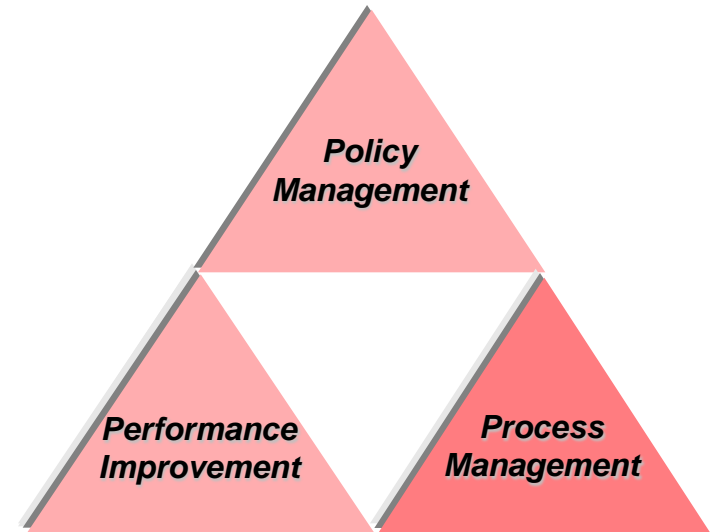
APD's Long Term Strategic Objectives (LSOs)

- 1. Improve CLIENT SATISFACTION through better customer service**
- 2. Foster SUSTAINABILITY via reform of Medicaid waiver finance structure and through supports and service systems for clients through public-private partnerships and community development**
- 3. Increase ACCOUNTABILITY via better data, systems and close matching between budget and programs**
- 4. Serve individuals on the WAIT LIST as funds become available and through information and education existing community and other resources**

Annual Strategic Business Objectives/Tasks (ABOs)

- Currently each Bureau has identified tasks to support the LSOs
- The ABOs are tracked on a weekly basis
- Progress is determined during weekly data entry
- Reports are available to appropriate level managers

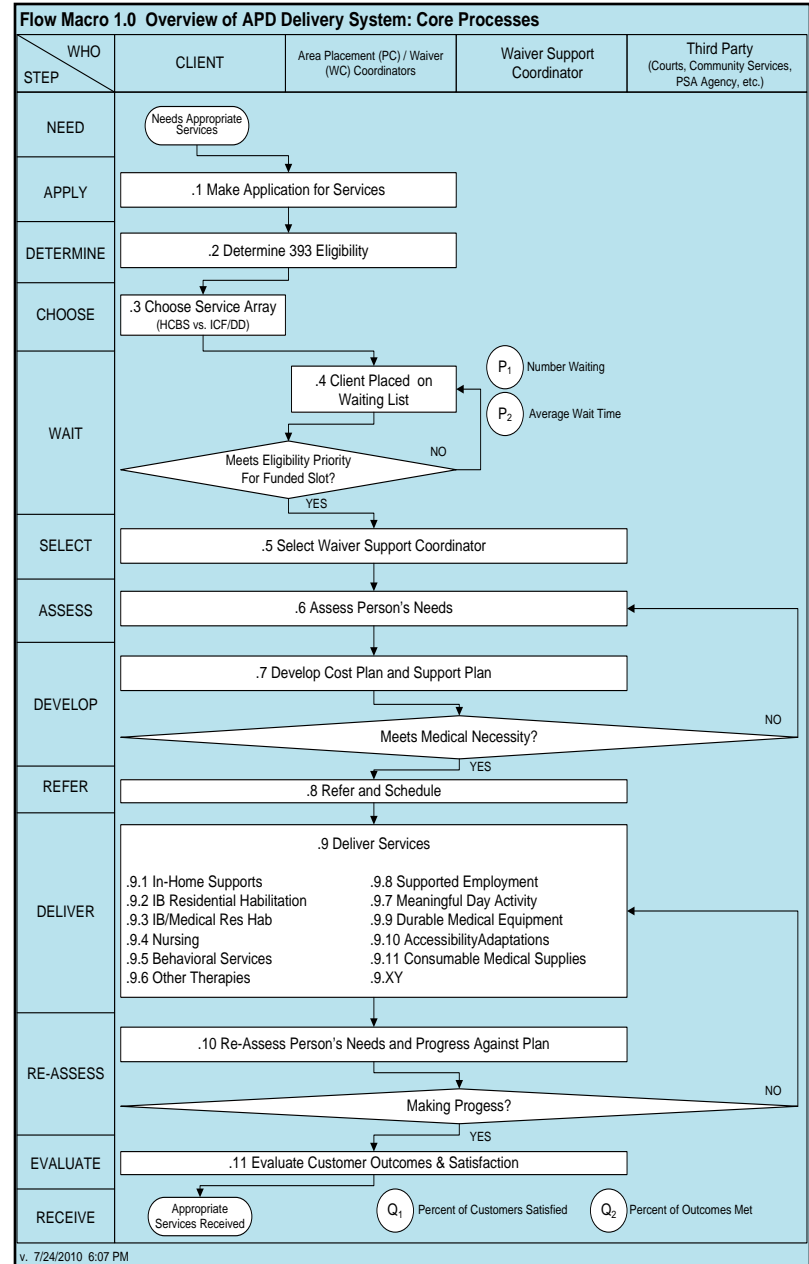
Process Management: "How We Do It" and "How We Measure It"



- Establishes methodology for important policies & processes
- Serves as anchor for measures of daily work
- Assists employees in understanding their contribution to macro and micro processes
- Includes the "Discovery" Component of our QA/QI Process

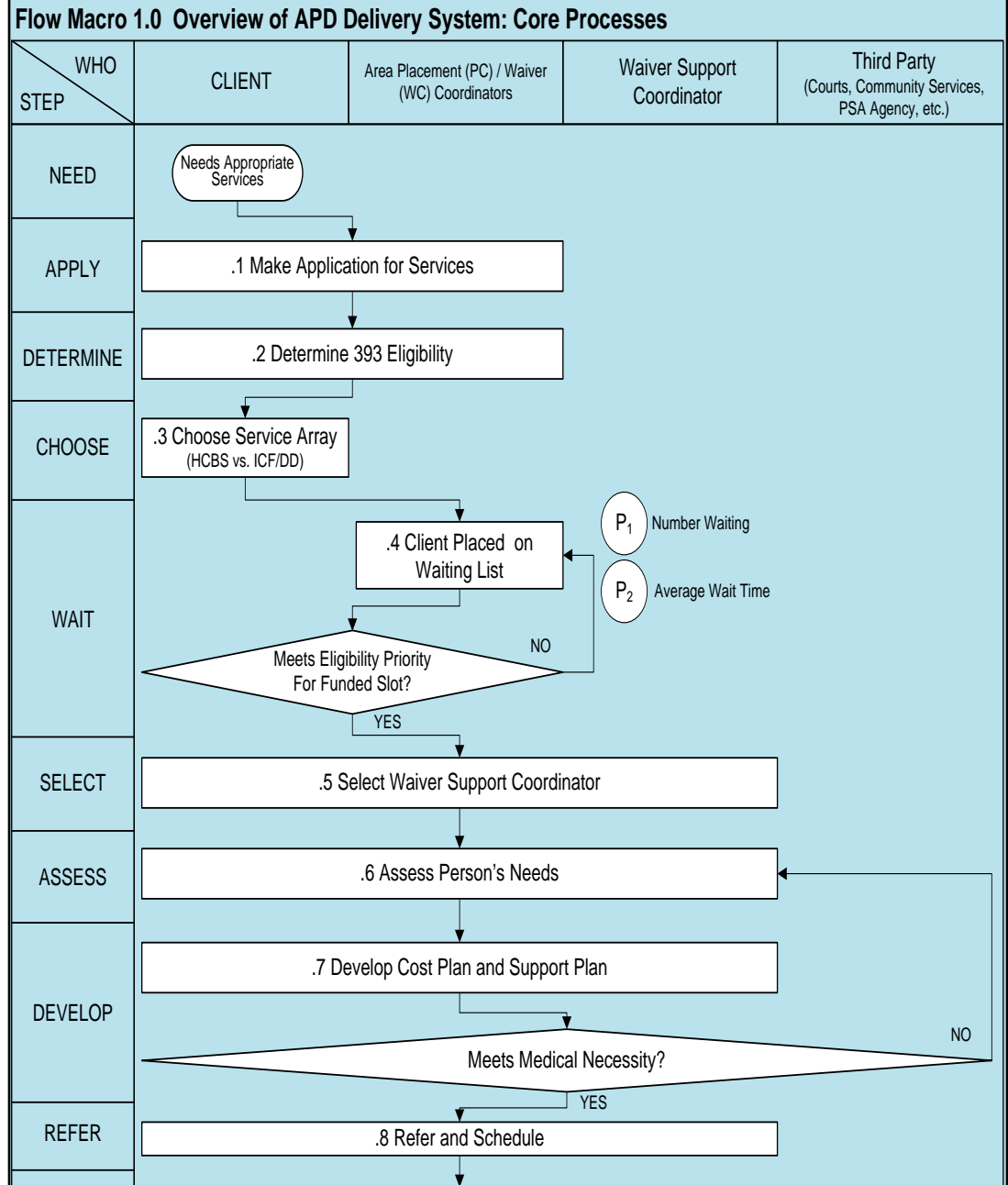


The Macro: Overview of APD Service Delivery System: Core Processes



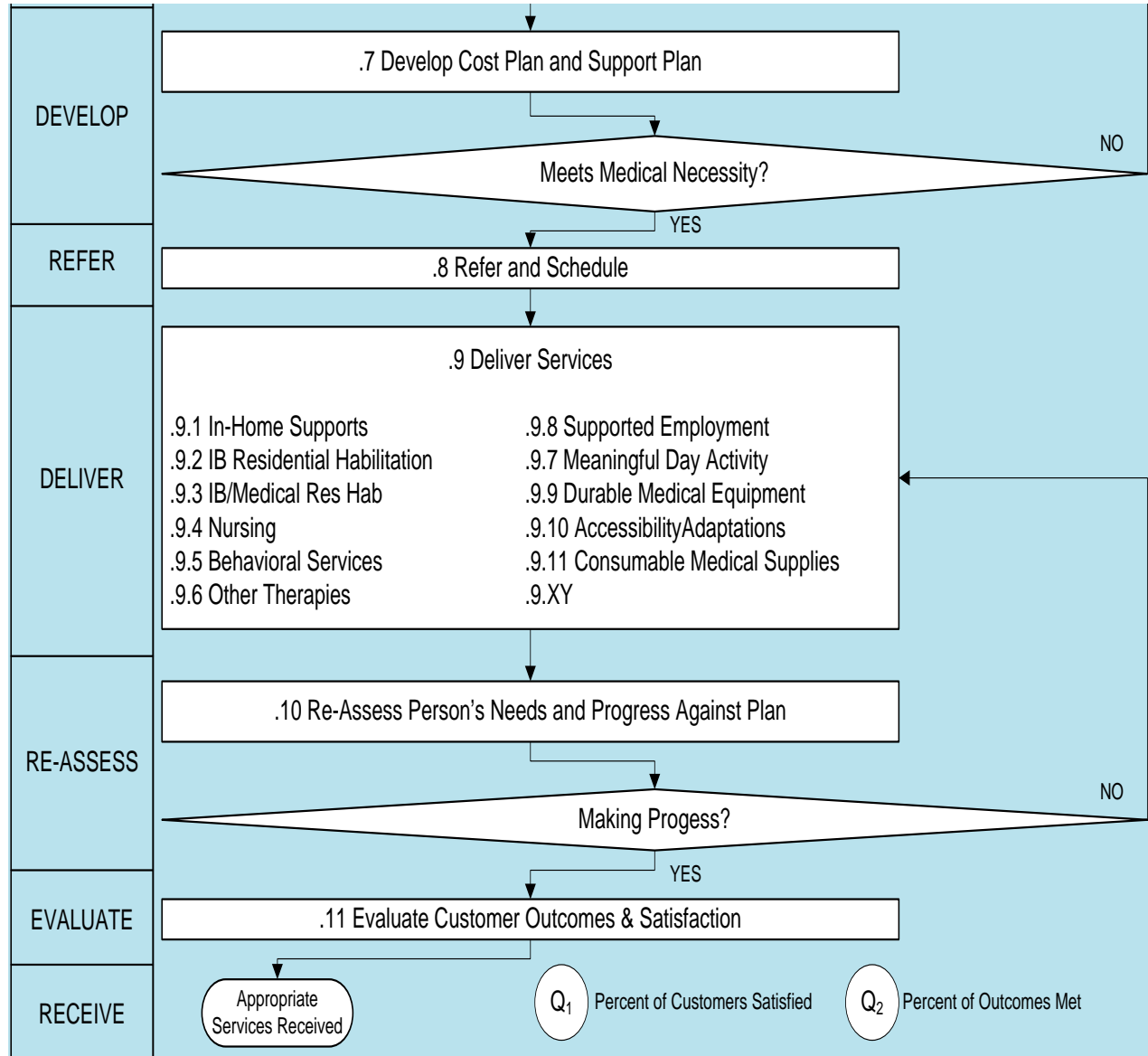


The Macro:
Overview of
APD Service
Delivery System:
Core Processes





The Macro: Overview of APD Service Delivery System: Core Processes

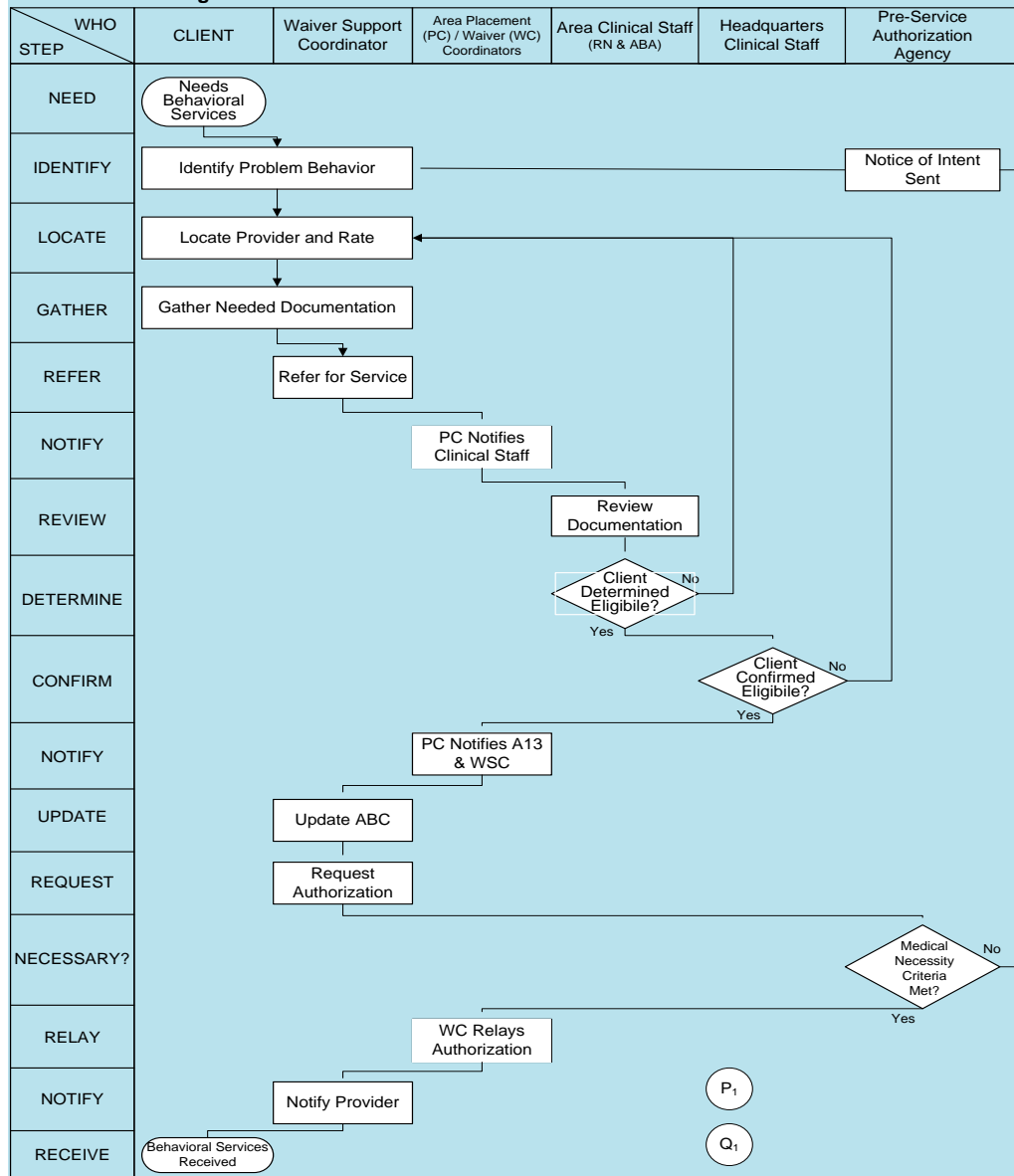




A Micro:

Initiating Intensive Behavioral/ Medical Residential Habilitation

Flow 1.9.2 Initiating Intensive Behavioral/Medical Residential Habilitation



Where Do the Measures Come From?

- **“Parent” Organization**
- **State & Federal Government**
- **Legislature**
- **Statute**
- **Key Business Processes**
- **Critical Sub-processes**
- **Strategic Planning**



Rollup of Common Measures to Central Office

Central Office

Bureau

Area

Provider

| Executive Summary of Performance (ESP) | | | | | |
|--|----|------------------------|--------|--------|--------|
| | # | Measure Name | Jul-10 | Aug-10 | Sep-10 |
| 1 | 1 | Customer Satisfaction | | | |
| | 2 | | | | |
| | 3 | | | | |
| 6 | 6 | OSI Improvement | | | |
| | 7 | | | | |
| | 8 | | | | |
| 11 | 11 | Variance to Allocation | | | |
| | 12 | | | | |
| | 13 | | | | |
| 16 | 16 | Staff Satisfaction | | | |
| | 17 | | | | |
| | 18 | | | | |
| 21 | 21 | Licensure Compliance | | | |
| | 22 | | | | |
| | 23 | | | | |
| | 24 | | | | |

| Bureau Summary of Performance (BSP) | | | | | |
|-------------------------------------|----|------------------------|--------|--------|--------|
| | # | Measure Name | Jul-10 | Aug-10 | Sep-10 |
| 1 | 1 | Customer Satisfaction | | | |
| | 2 | | | | |
| | 3 | | | | |
| 6 | 6 | OSI Improvement | | | |
| | 7 | | | | |
| | 8 | | | | |
| 11 | 11 | Variance to Allocation | | | |
| | 12 | | | | |
| | 13 | | | | |
| 16 | 16 | Staff Satisfaction | | | |
| | 17 | | | | |
| | 18 | | | | |
| 21 | 21 | Licensure Compliance | | | |
| | 22 | | | | |
| | 23 | | | | |
| | 24 | | | | |

| Area Summary of Performance (ASP) | | | | | |
|-----------------------------------|----|------------------------|--------|--------|--------|
| | # | Measure Name | Jul-10 | Aug-10 | Sep-10 |
| 1 | 1 | Customer Satisfaction | | | |
| | 2 | | | | |
| | 3 | | | | |
| 6 | 6 | OSI Improvement | | | |
| | 7 | | | | |
| | 8 | | | | |
| 11 | 11 | Variance to Allocation | | | |
| | 12 | | | | |
| | 13 | | | | |
| 16 | 16 | Staff Satisfaction | | | |
| | 17 | | | | |
| | 18 | | | | |
| 21 | 21 | Licensure Compliance | | | |
| | 22 | | | | |
| | 23 | | | | |
| | 24 | | | | |

| Provider Summary of Performance (PSP) | | | | | |
|---------------------------------------|----|------------------------|--------|--------|--------|
| | # | Measure Name | Jul-10 | Aug-10 | Sep-10 |
| 1 | 1 | Customer Satisfaction | | | |
| | 2 | | | | |
| | 3 | | | | |
| 6 | 6 | OSI Improvement | | | |
| | 7 | | | | |
| | 8 | | | | |
| 11 | 11 | Variance to Allocation | | | |
| | 12 | | | | |
| | 13 | | | | |
| 16 | 16 | Staff Satisfaction | | | |
| | 17 | | | | |
| | 18 | | | | |
| 21 | 21 | Licensure Compliance | | | |
| | 22 | | | | |
| | 23 | | | | |
| | 24 | | | | |

“Dashboard S”



Rollup of Common Measures to Central Office

Central Office

Provider Summary of Performance (PSP)

| Executive Summary of P | | |
|------------------------|----|------------------------|
| | # | Measure Name |
| | 1 | Customer Satisfaction |
| | 2 | |
| | 3 | |
| | 6 | QSI Improvement |
| | 7 | |
| | 8 | |
| | 11 | Variance to Allocation |
| | 12 | |
| | 13 | |
| | 16 | Staff Satisfaction |
| | 17 | |
| | 18 | |
| 15 | 21 | Licensure Compliance |
| | 22 | |
| | 23 | |
| | 24 | |

| | # | Measure Name | Jul-10 | Aug-10 | Sep-10 |
|--|----|------------------------|--------|--------|--------|
| | 1 | Customer Satisfaction | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 6 | QSI Improvement | | | |
| | 7 | | | | |
| | 8 | | | | |
| | 11 | Variance to Allocation | | | |
| | 12 | | | | |
| | 13 | | | | |
| | 16 | Staff Satisfaction | | | |
| | 17 | | | | |
| | 18 | | | | |
| | 21 | Licensure Compliance | | | |
| | 22 | | | | |
| | 23 | | | | |
| | 24 | | | | |

“Dashk
S”



What Will Be Gathered in the Agency Database?

- Health and Safety Data
 - ▶ *Death reports
 - ▶ *Incidents of abuse, neglect and exploitation
 - ▶ *Medication errors
 - ▶ *Reactive Strategy Reports (Seclusion/Restraint)
 - Residential Admission/Discharge & Placement Tracking
 - ▶ ICF/DD Facilities
 - ▶ Behavior Focus & Intensive Behavior Homes
 - ▶ MRDP and DDCs
 - ▶ Unit 27 (FSH Dually Diagnosed Program)
 - ▶ Other APD licensed homes.
- * Indicates a Performance Measure to be Reported to CMS

What Will Be Gathered in the Agency Database?

- *Tracking of Alerts and Deficiency Remediation to Closure
- LTRC Monitoring of APD licensed Group Homes
 - ▶ Monitoring Results
 - ▶ Notices of Noncompliance
 - ▶ Tracking of Deficiency Remediation to Closure
- *Indicators Gathered by Delmarva during Discovery
 - ▶ Level of Care
 - ▶ Service Plans
 - ▶ Qualified Providers
 - ▶ Health and Welfare

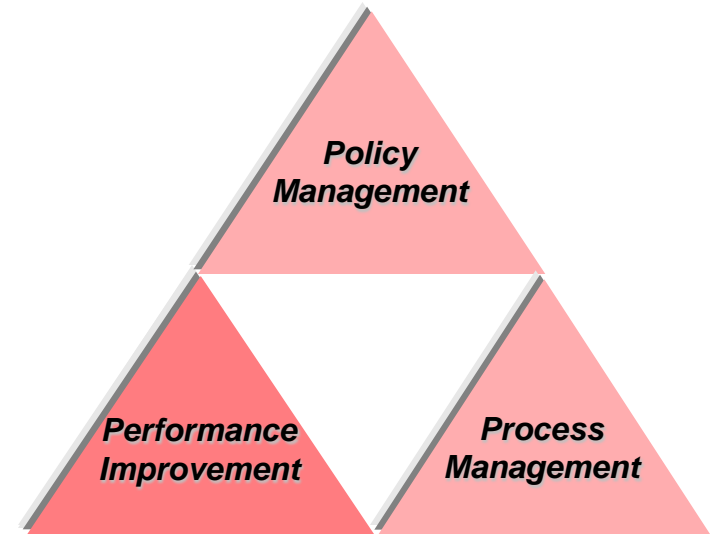
* Indicates a Performance Measure to be Reported to CMS



What Will Be Gathered in the Delmarva Database?

- Methods for Gathering Indicators by Delmarva during Discovery
 - ▶ PCR – Person Centered Reviews
 - NCI – National Core Indicators
 - III – Individual Interview Instrument
 - Health and Behavioral Assessment
 - Medical Peer Review
 - Service Specific Record Review
 - ▶ PDR – Provider Discovery Reviews
 - Administrative Record Review
 - Service Specific Record Review
 - On-site observation
 - Interviews with providers & other staff

Performance Improvement (Remediation): "How We Improve It"



- **Data Analysis: Level, Trend & Variability**
- **Just Do-Its!**
- **Decisions to Start or Stop**
- **Action Plans or Plans of Remediation (POR)**
- **Systematic Innovation Process**
- **Systematic Problem Solving**
- **Root Cause Analysis**
- **Tracking and Closing the Loop**



PROPOSED PROCESS: How Will Remediation Work? Central Office (CO) Role

- The CO QA Team will meet and review key indicators monthly, including
 - ▶ Delmarva Reports
 - ▶ Incidents, Medication Errors, Reactive Strategies, and Abuse Reports
 - ▶ Monitoring Reports
 - ▶ Key Process Measures
 - ▶ CMS Assurance Indicators
- Members of the CO QA Team will include those identified as “Process Owners” for their respective measures
- Monthly “Alerts” and performance reports will be submitted to Areas & CO
- “Alerts” and performance scores will be entered into performance tracker
- QA Team Members will share analyses of data
- QA Team will make recommendations or offer support to Areas and DDCs



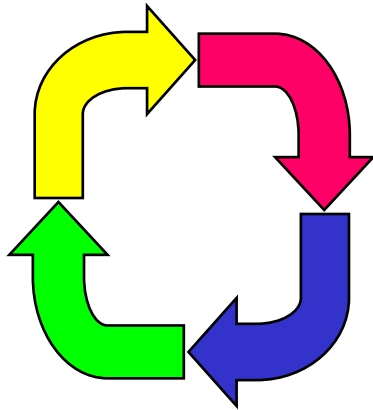
PROPOSED PROCESS: How Will Remediation Work? (continued) Area Office/ DDC QA Role

- Quality Leaders will facilitate local Steering Committees
- Members of the Steering Committees will include those identified as “Process Owners” for their respective measures
- Steering Committees will review Alerts and performance results
- “Process Owners” will share analyses of data with Steering Committee
- Steering Committees will make recommendations to the Area Administrator, prompt appropriate action or offer support to Providers
- Steering Committees will make recommendations for systemic improvements for consideration by the Quality Council
- Steering Committees will report to the Quality Council as scheduled or requested

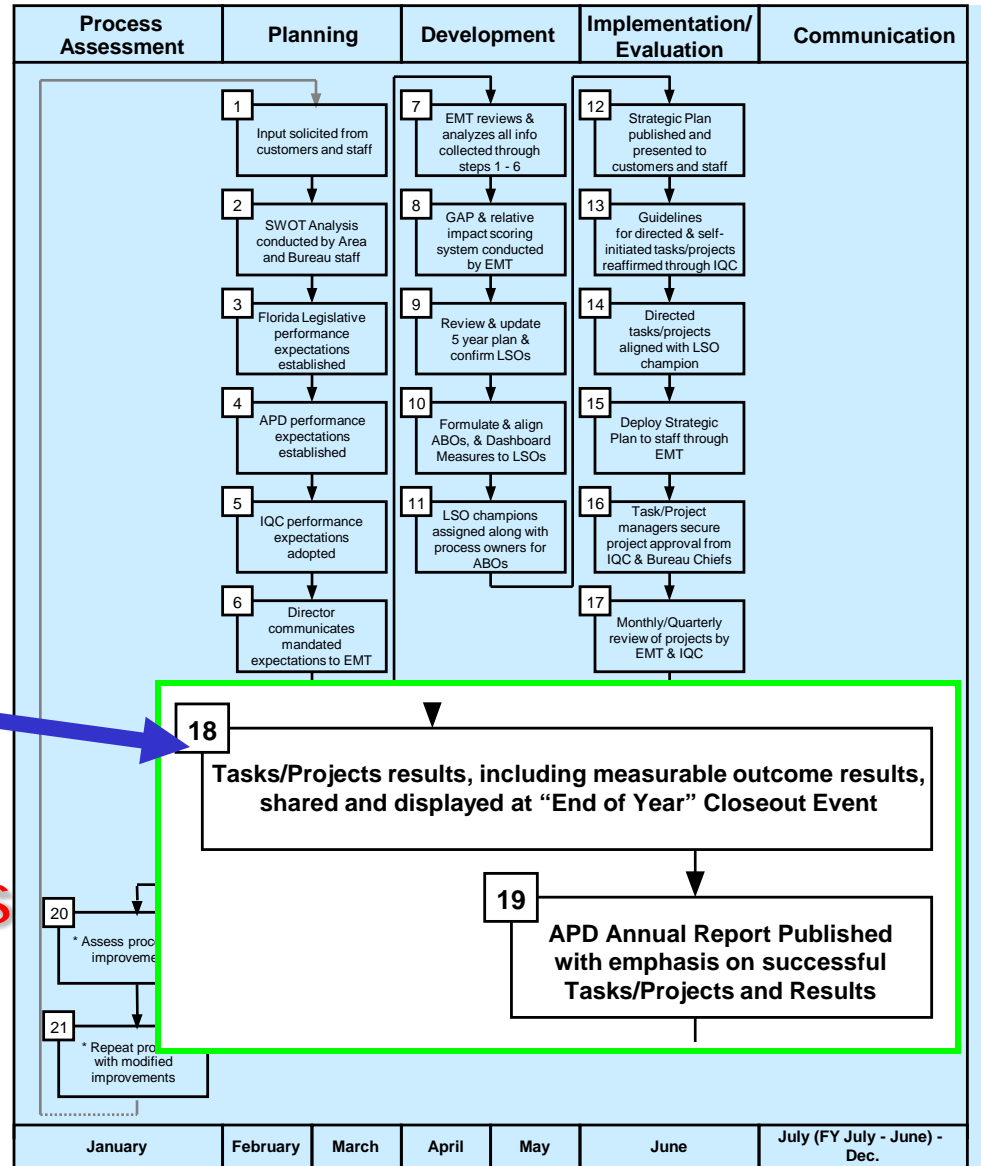


**PROPOSED PROCESS:
How Will Remediation Work? (continued)
Providers' Role**

- "Alerts" need to be resolved and evidenced by providers within 24 hrs.
- Scores on performance reviews $\leq 75\%$ will require a POR w/in 10 days
- PORs will be reviewed face-to-face with Area staff before implementing
- POR follow-up actions must be completed within 30 days
- Tracker must be updated monthly until POR is closed
- Failure to submit or close a POR may lead to Administrative Sanctions



Results are shared thru Annual Report & Celebration of Success At End of Year Closeout Event





agency for persons with disabilities

State of Florida

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