

QUALITY MATTERS

QM

# Roles and Responsibilities of a Quality Council: Using Data to Improve System Performance

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RQC Summit  
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# What To Expect

- Overview of rationale for quality councils
- Mission of quality councils
- Responsibilities of members
- Ways to review and understand data
- Turning data into quality improvement
- Highlights from NCI In-Person Survey
- Examples of how data has been used around the country





Parable of the  
Blind Men and  
the Elephant:  
Each Man  
Brought a  
Different  
Interpretation

# To Fully Understand Quality Multiple Perspectives Should be Present

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Program participants

Family members

Providers

Direct support staff

Public managers

Advocates



# Why Should We Care About Quality?

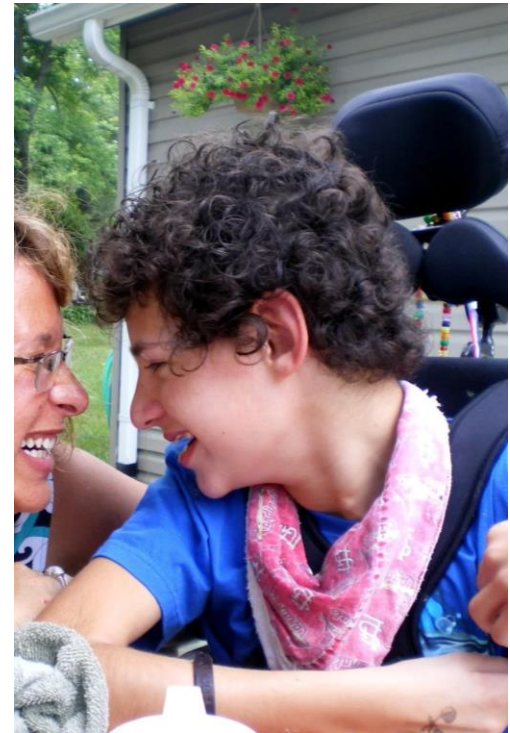
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We have created a movement and made promises to people with disabilities and their families

Ideology alone does not create a stable and reliable system of supports

The greater the investment the greater the expectations

Unless we build quality in at the beginning, it is very hard to retrofit a program later





What is the  
Context  
You're  
Working in?

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# Multiple Data Sources

- Incident management systems
- Certification and licensing
- Payment and claims data
- National Core Indicators
- Individual and provider reviews
- HCBS rule compliance
- Waiver assurances



# Complexity



- I/DD systems have multiple layers and players
- Data comes from different parts of the system
- One data point does not necessarily tell you all you need to know
- Collecting and trending data is one way to cut through the complexity



# Multiple Demands for Data



- Compliance with HCBS Rule
- Compliance with Court Orders
- Accountability to the legislature
- HCBS waiver assurances
- Fiscal accountability
- Transparent data for people with disabilities and families



# Mission of Regional and State Quality Councils

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# Quality Council Responsibilities

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To bring your particular perspective to bear when reviewing performance data

To identify priority issues reflected in the data

To develop recommendations and quality projects aimed at issues that arise in the data and that can reasonably be expected to result in system improvement

To find ways to use data to improve system and participant outcomes

To follow up and track progress on any recommendations or projects recommended by the Council

To explore whether quality processes generate data relevant for quality improvement



## What Does it Mean to be a Participant on a Quality Council?



- Each person's input is needed to ensure that multiple perspectives are represented
- Active participation is important given the need for continuity. This means attending meetings
- This is not a forum for individual issues or grievances. This is a forum for discussing system level issues identified in the data
- A quality council relies on people bringing an open and sometimes skeptical mind to the discussion not specific agendas

# Priorities: You Can't Do Everything!

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## Participant Outcomes?

- Employment?
- Inclusion?
- Health and Well-Being?
- Other?

## Health and Safety?

- Abuse, Neglect, Exploitation?
- Mortality?

## Provider capabilities

- Compliance issues?

## System Change Goals

- Implementation milestones?
- Improvements in quality assurance?

## Staffing/Training Issues?





# Review Data -- Cautions

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Validity and Reliability of Data

Sample size (big enough?) and characteristics (random?)

Date of data collection? Has any change happened in the interim?

Beware of averages – pay attention to the ranges

Is the data biased? (e.g., self report)

# ALWAYS make sure you:

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1

Analyze the analysis.

2

Identify BIG issues that may compromise the data.

3

Do NOT generalize the findings beyond their limits.

4

BALANCE your review.– take into consideration other sources of information.

# NEVER:

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1

Make assumptions about the data – ask questions.

2

Expand the findings to whole population – unless it is appropriate.

3

Treat the data as “significant” unless it says it is.

4

Jump to conclusions without checking other sources.

# Spotting Potential Misinterpretations

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## **The numbers of reported incidents of restraints goes up**

- This could indicate a serious problem. However, it may also be positive indicator if reforms have been put into place to incentivize providers to report restraints, this may be a positive indicator. Therefore important to understand the whole context.

## **The numbers of admissions to hospitals increases**

- This trend could mean that there are serious issues at the provider level with respect to protection of health. However, another explanation might be that providers in the state have been trained to use the Health Risk Screening Tool to identify red flags that suggest the need for medical treatment and close surveillance. Such surveillance may have resulted in more necessary hospitalizations



# Criteria for Identifying Issues

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- Has an impact on a large number of individuals or a profound impact on a smaller group of individuals
- Important for compliance with federal or state requirements
- Issue has high cost(s) to the system: \$, timing, etc.
- Problem is growing/worsening
- Likely to be amenable to improvement
- Improvement is likely in a reasonable amount of time
- Improvement is likely with reasonable resource expenditure
- Aligns with other agency priorities



# Quality Improvement Plans

- State problem & how improvement will be measured.
- Explore any additional steps to examine issue
- Name QI initiative and identify who is responsible (e.g., state I/DD agency? Council workgroup? DD Council?)
- Brainstorm possible action steps, potential barriers & methods to minimize the barriers.
- Select action steps and how the results of the improvement plan will be measured
- Implement the plan
- Measure progress



# Cycle of Quality Improvement

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# Selected Findings from In-Person NCI Survey in Virginia

Selected finding from National Core Indicators Data: 2017-2018





# WHAT IS NATIONAL CORE INDICATORS?

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Multi-state collaboration  
of state DD agencies

Measures performance of public systems for  
people with intellectual and developmental  
disabilities

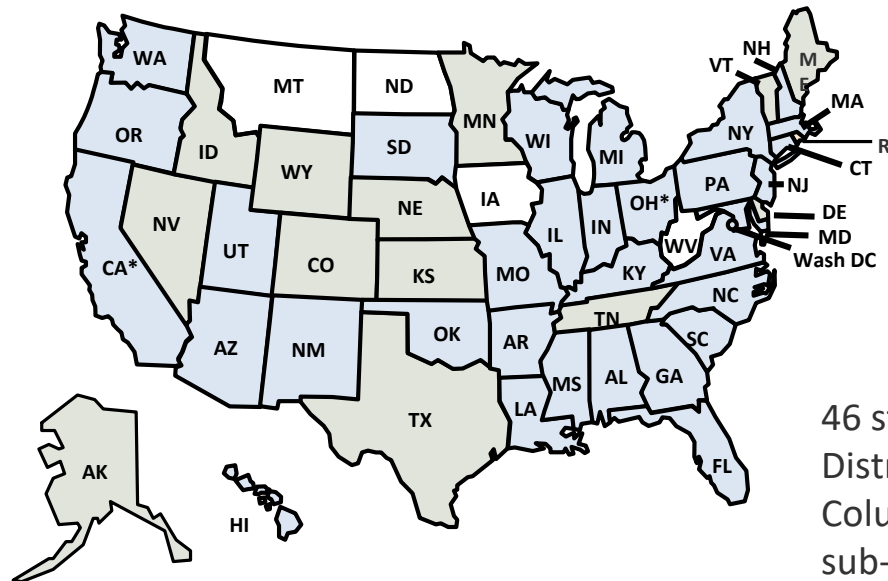
Assessment of performance in several areas,  
including employment, community inclusion,  
choice, rights, and health and safety

Launched in 1997 in 13 participating states

Supported by participating states

NASDDDS – HSRI Collaboration

# National Core Indicators State Participation<sup>(TM)</sup> 2016-2017



**Please note:** not all NCI participating states participate in all NCI surveys each year.



# NCI is a Person-Centered Tool that Provides Information on:

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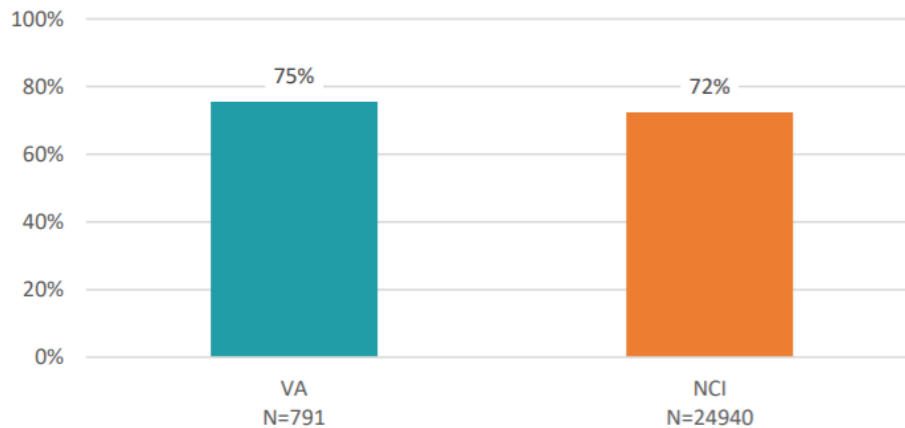


- Individual characteristics of people receiving services
- The locations where people live
- The activities they engage in during the day including whether they are working
- The nature of their experiences with the supports that they receive (e.g., with case managers, ability to make choices, self-direction)
- The context of their lives – friends, community involvement, safety
- Health and well-being, access to healthcare

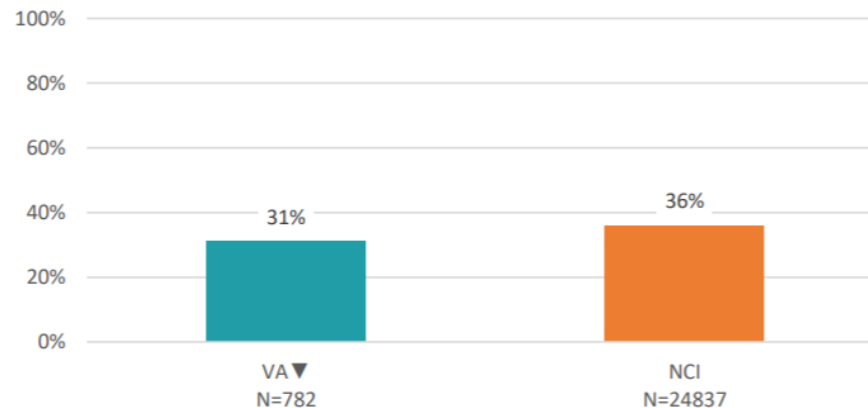
# Wellness



Exercises or does physical activity at least once a week at least 10 minutes at a time



Exercises for the muscles in arms, legs, back, and/or chest

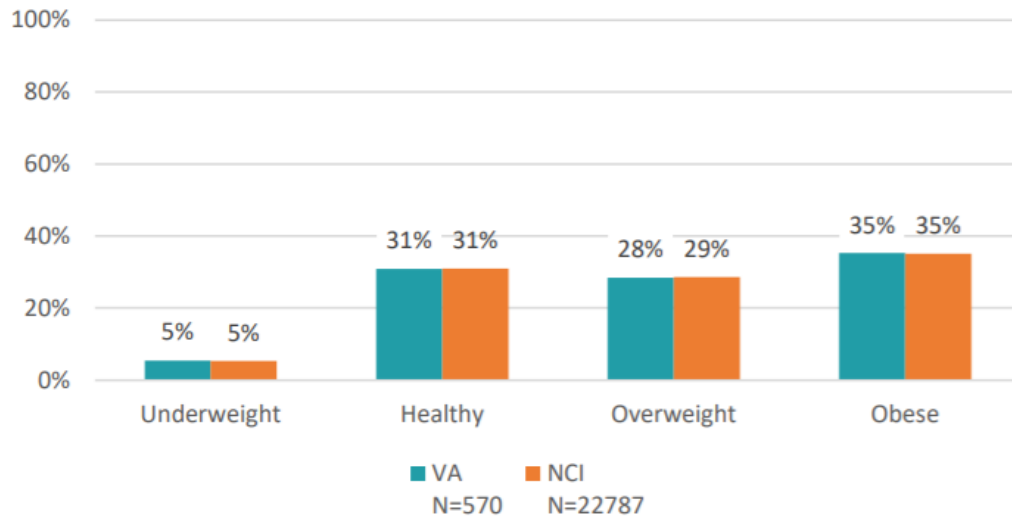


Exercises or does physical activity at least 3 times per week that makes the muscles in the arms, back, and/or chest work hard

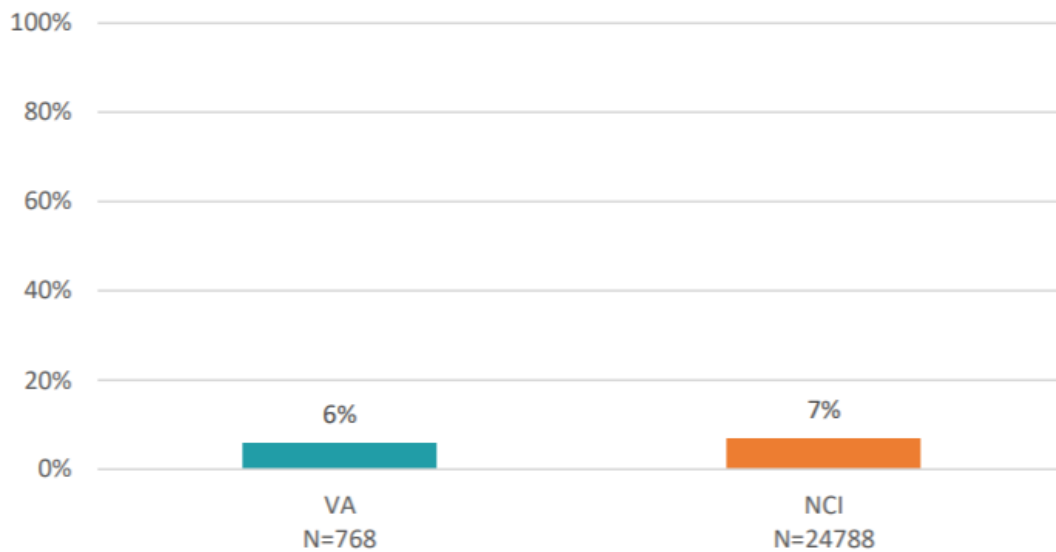
# Wellness



### Body Mass Index (BMI) category



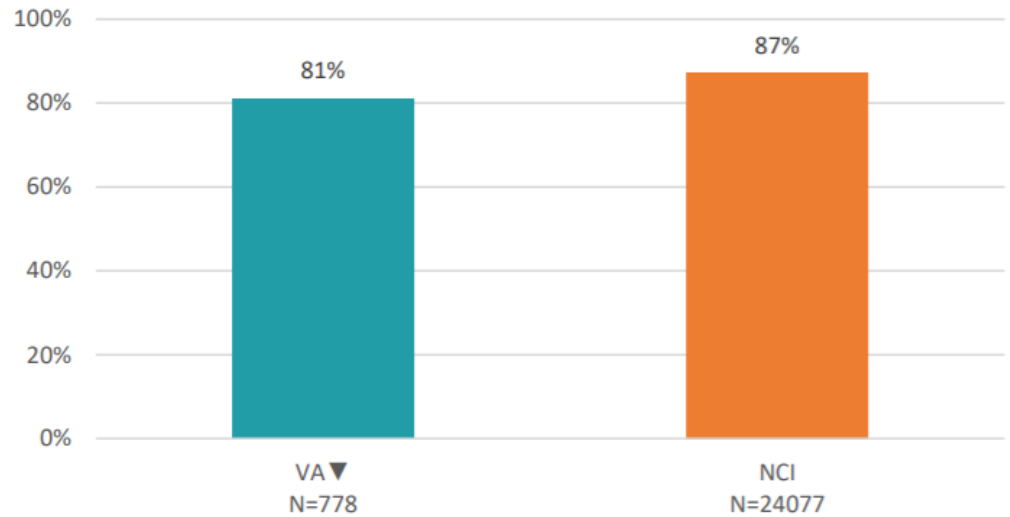
### Uses tobacco products



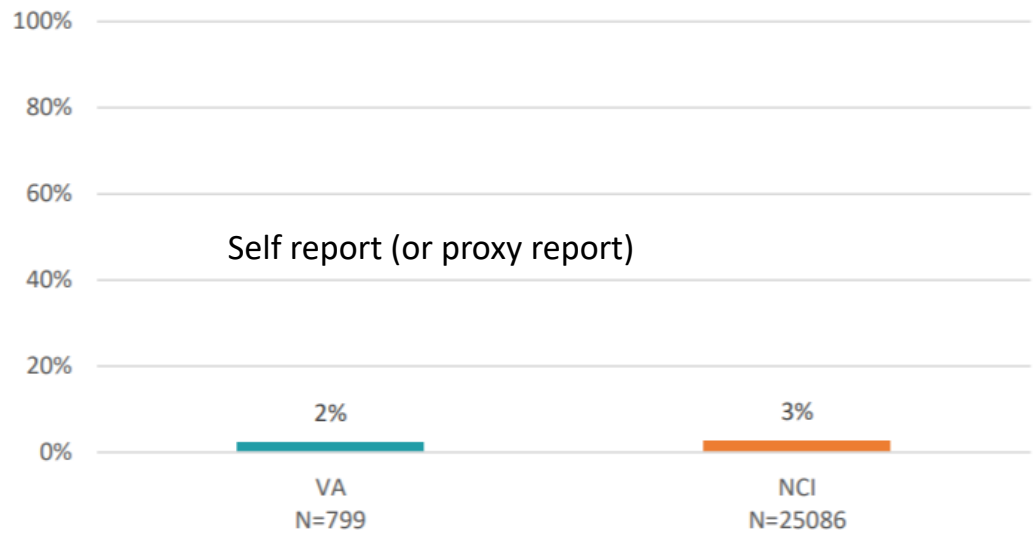
# Health



### Had a complete physical exam in the past year



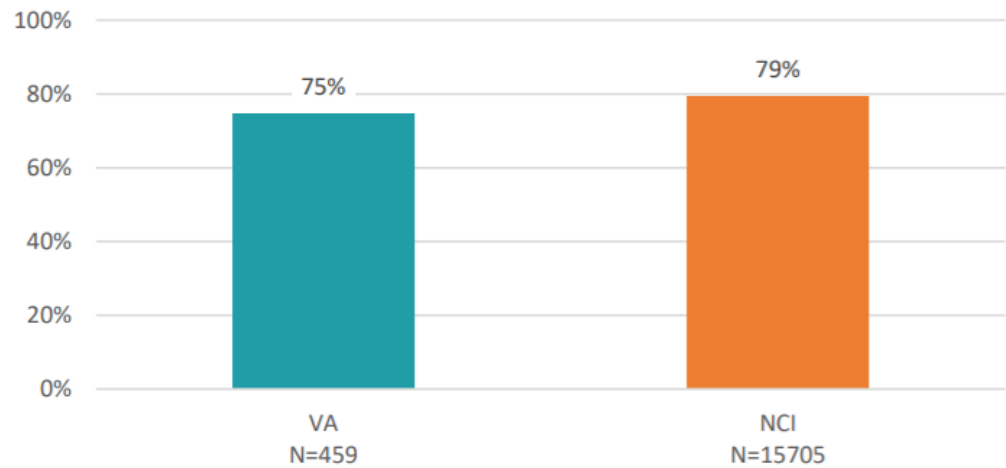
### In poor health



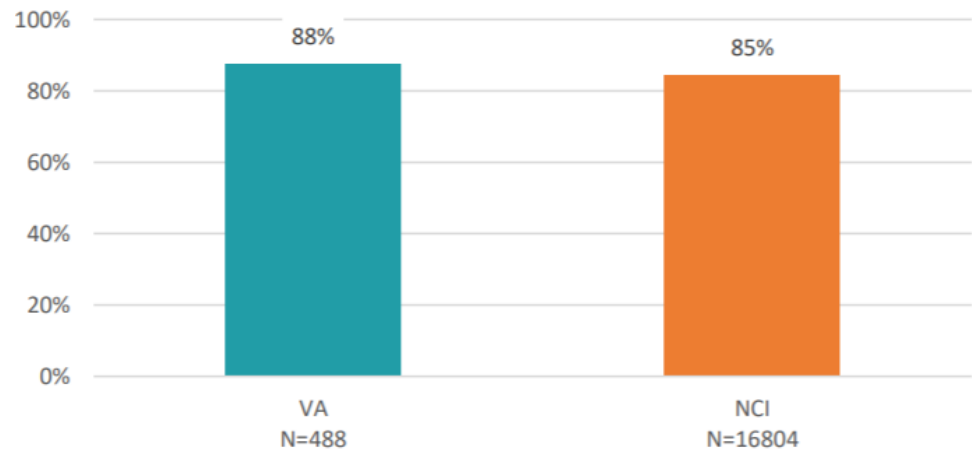
# Community Inclusion



Able to go out and do the things s/he like to do in the community as often as s/he wants



Able to go out and do the things s/he like to do in the community

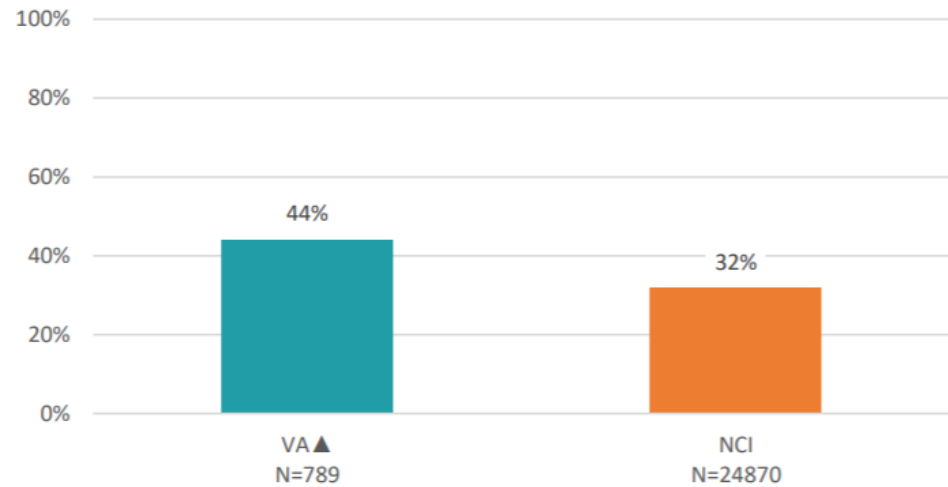




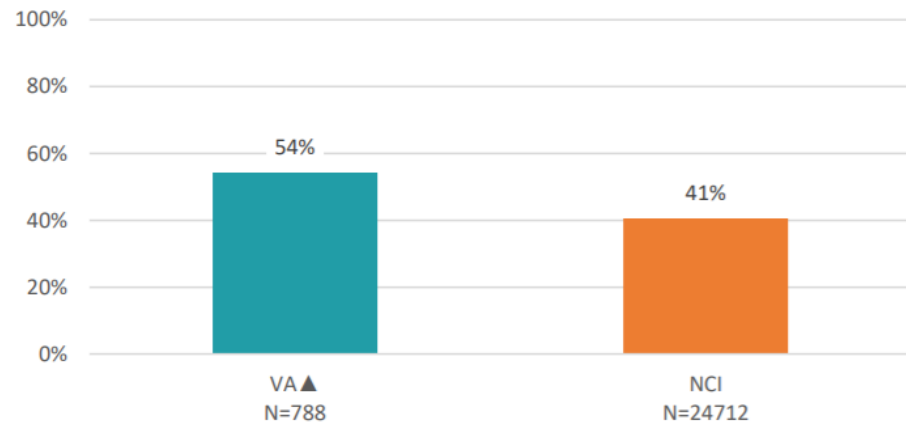
# Community Inclusion



Participated as a member in community group



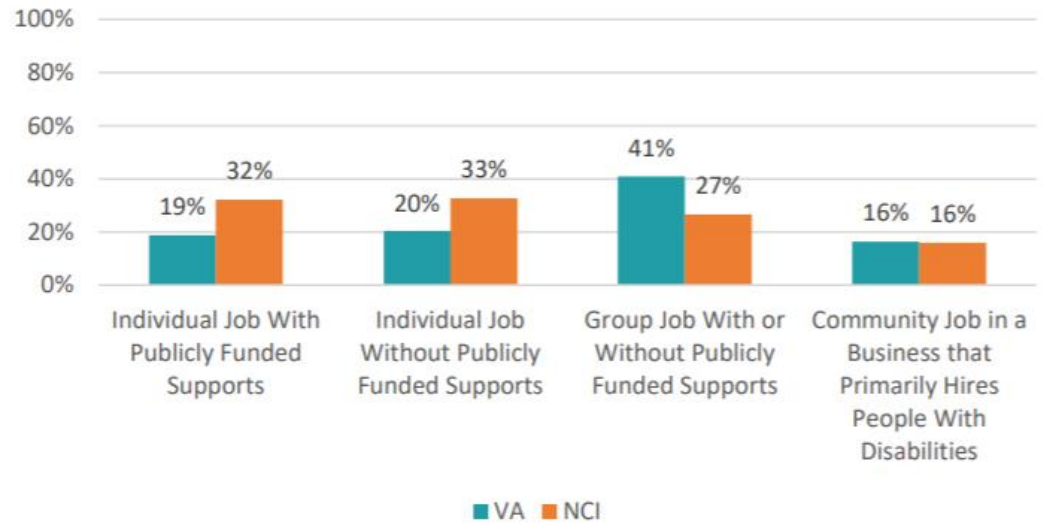
Went out to religious service or spiritual practice at least once in the past month



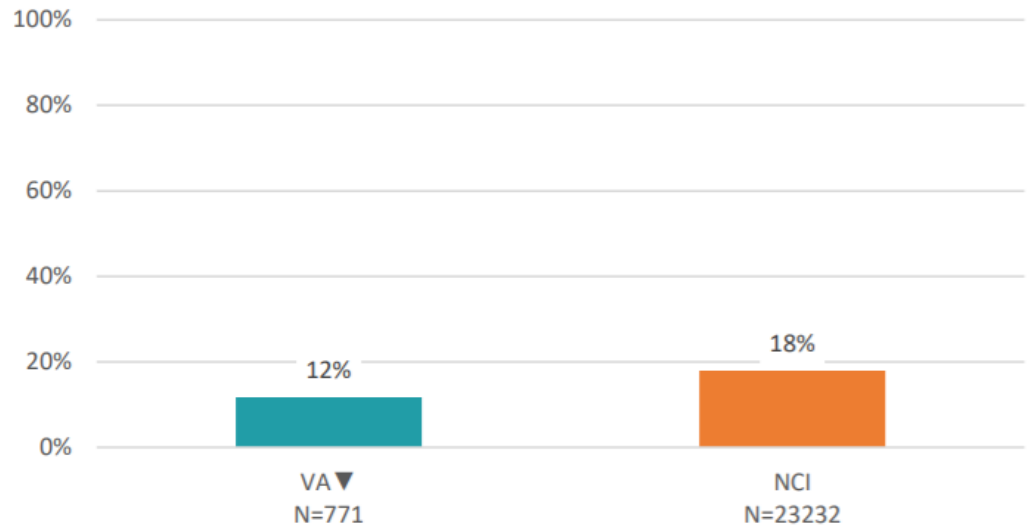
# Employment



### Type of paid community job



### Has a paid job in the community

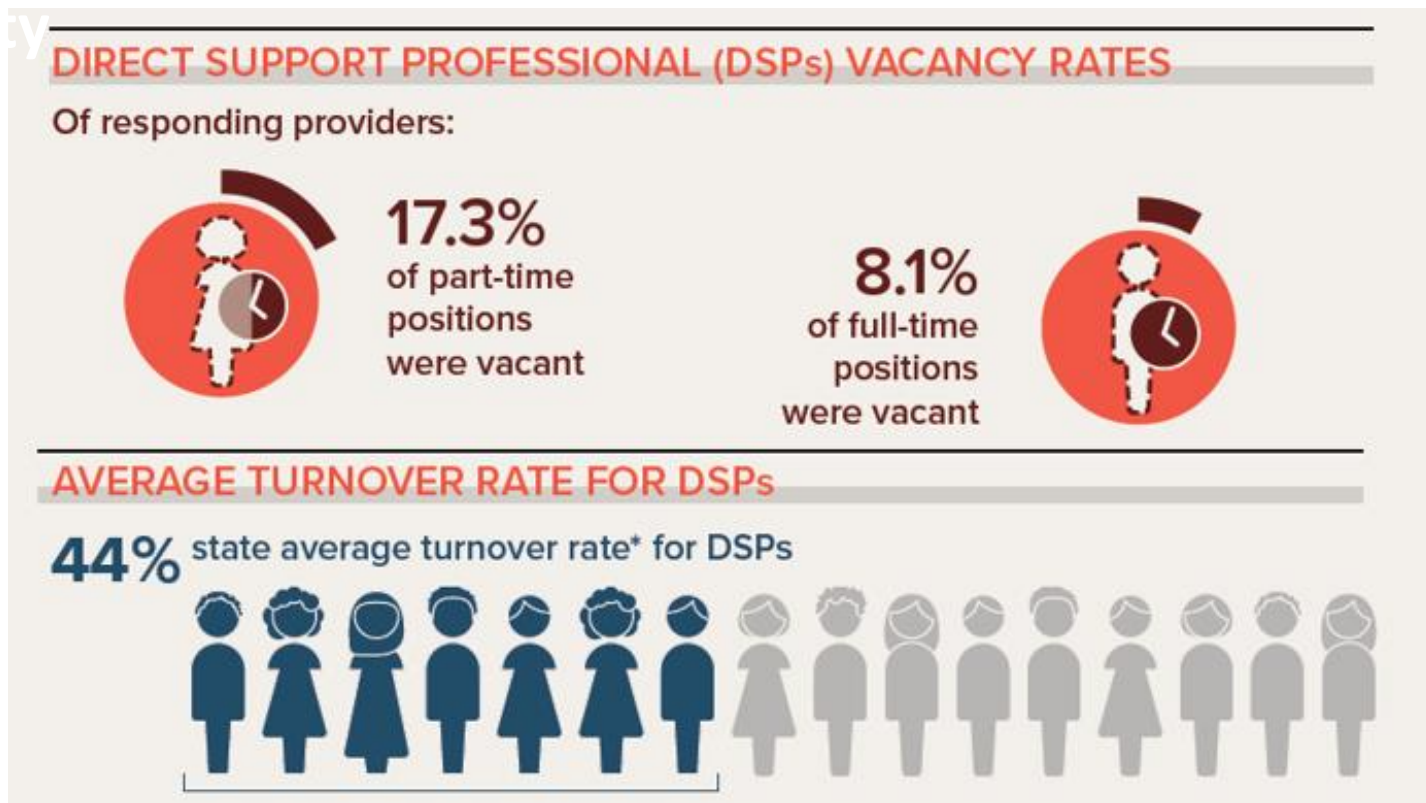




# Data on the Direct Support Workforce

NCI Staff Stability Survey

# 2017 NCI Staff Stability Report: Direct Support Professional Workforce in NCI States



All data are from a sample of 3,334 provider agencies from 19 states (Arizona, Connecticut, Georgia, Illinois, Indiana, Kentucky, Maryland, Missouri, Nebraska, New York, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Vermont), and the District of Columbia. Nationally aggregated data are weighted.

# Direct Support Professional Workforce

## HEALTH INSURANCE

Of responding providers:



**72%**  
offer health insurance  
to some or all DSPs

Of responding providers who offer health insurance:



**69%**  
offer health insurance to only full-time DSPs



**38%**  
require DSPs be employed at the agency for a certain length of time to be eligible for health insurance



**2%**  
offer health insurance to all DSPs

Of DSPs who left positions\* in calendar year 2017:



## AVERAGE TENURE OF DSPs

Of DSPs employed within reporting organizations, as of December 31, 2017:

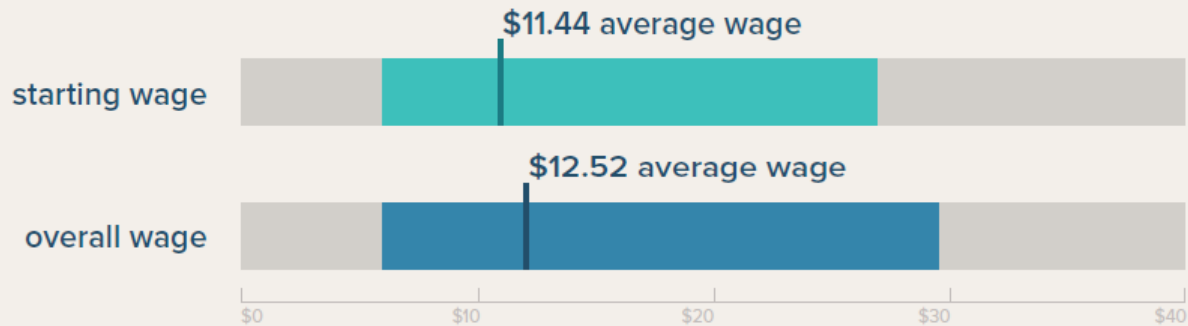




# Direct Support Professional Workforce

## HOURLY WAGES

Wages paid by responding providers



## NUMBER OF DSPs WITHIN REPORTING ORGANIZATIONS

3,334 reporting organizations:

43%  
employed 61 or more DSPs



32%  
employed 20 or fewer DSPs

9%  
employed 41-60 DSPs

15%  
employed 21-40 DSPs

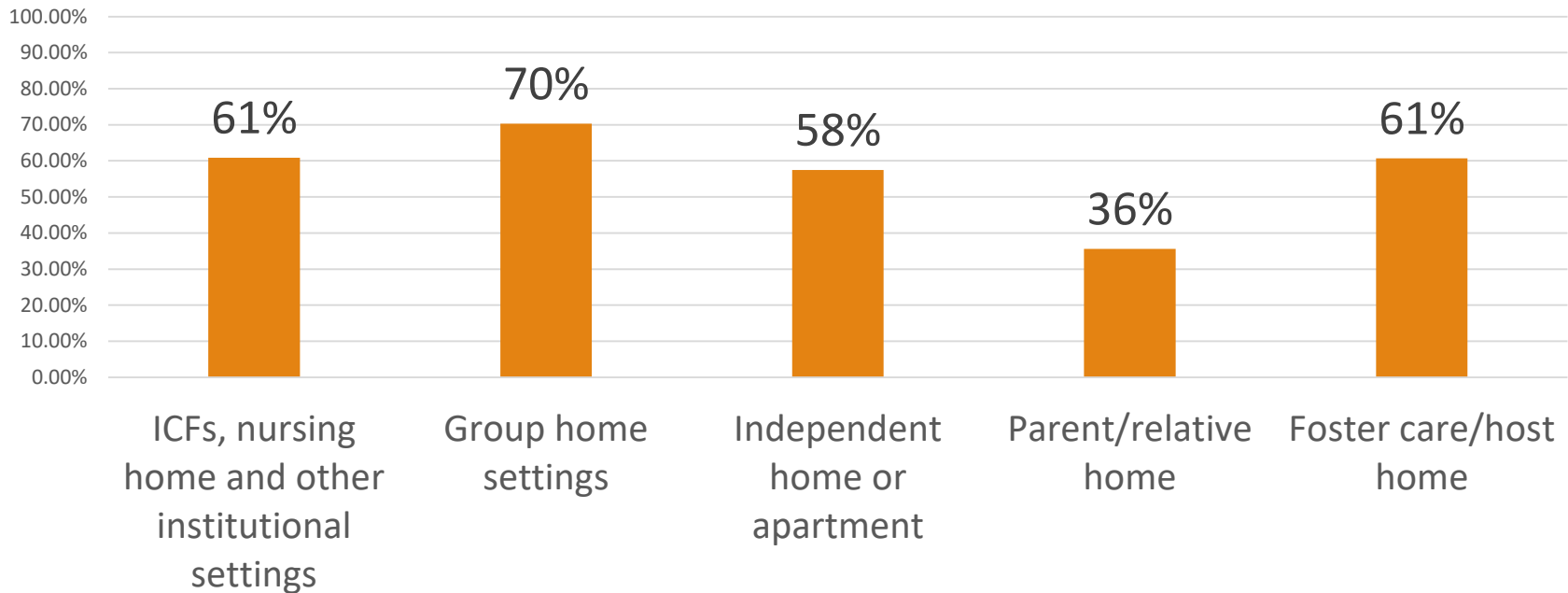
Weighted average: 84 DSPs employed by an agency

# Issues that NCI Data Have Shed Light On



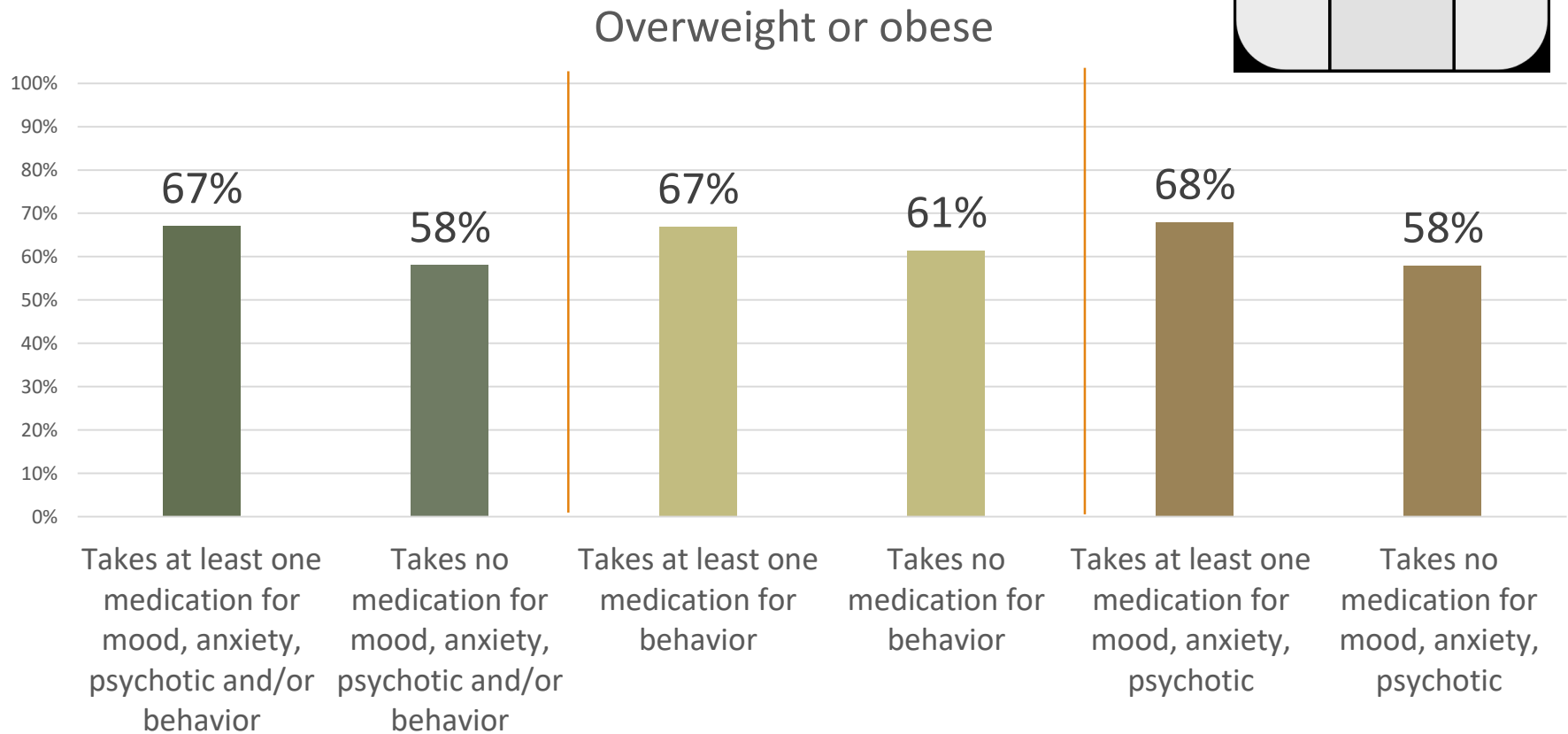
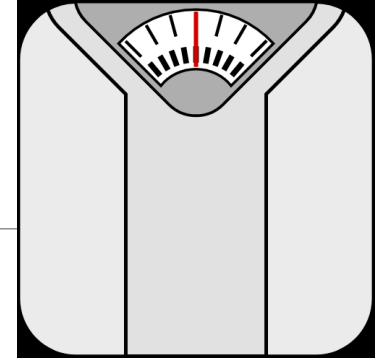


## Percentage taking at least one medication for mood, anxiety, psychotic and/or behavior



Medication by residence type

# Those taking medication were significantly more likely to be overweight or obese



# Data Brief: Friendship and Life Outcomes

**Expanded Friendships:** Has friends who are not staff/family

**Limited friendships:** No friends, or friends are only staff and/or family

## **Employment:**

Individuals who had expanded friendships were **more likely to be employed in a paid community job**

## **Rights and Privacy:**

Those who had expanded friendships reported **having more privacy**; they also reported **having their rights respected** at greater rates.

## **Community Inclusion**

Those with expanded friendships were more likely to have **gone into the community to take part in specific activities**; they also reported participating in these activities with greater frequency.

People with ASD were less likely to be independent of guardianship

People with ASD were less likely than those without ASD to say they had friends who weren't family or staff

People with ASD were less likely to report having had at least some input in critical life choices such as choosing staff, daily schedule, free-time, etc.

People with ASD were significantly more likely to live in the family home, and significantly less likely to live in their own home and apartment

# Article: Outcomes for those with ASD

Hiersteiner, D., Bradley, V., Ne'eman, A., Bershady, J. & Bonardi, A. (2017) Putting the research in context: The life experience and outcomes of adults on the autism spectrum receiving services in 29 states. *Inclusion* 5(1) 45-59



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## HOW STATES USE NCI DATA

# Michigan



- 1. Supported Decision Making-** because of the high rates of guardianship in Michigan, the DD Council developed a Supported Decision Making project to train people around the state to use SDM in the daily lives of people with IDD
- 2. Home and Community Based Services-**developing a crosswalk between NCI and HCBS Settings Rules variables to validate data
- 3. Community of Practice-**analyzing NCI data to inform Michigan's CoP on cultural and linguistic competence in service delivery

# Missouri



1. **Identified risk factors for abuse neglect** based on NCI case study that included loneliness, lack of friends, feeling unsafe
2. **Developed indicators** based on NCI data
3. **Developed strategies** to identify interventions to prevent social isolation



# Other State Initiatives Using NCI Data



## **New York**

Publishes comparison data against other states

Targeted campaigns to decrease obesity rates

## **Ohio Council of Governments**

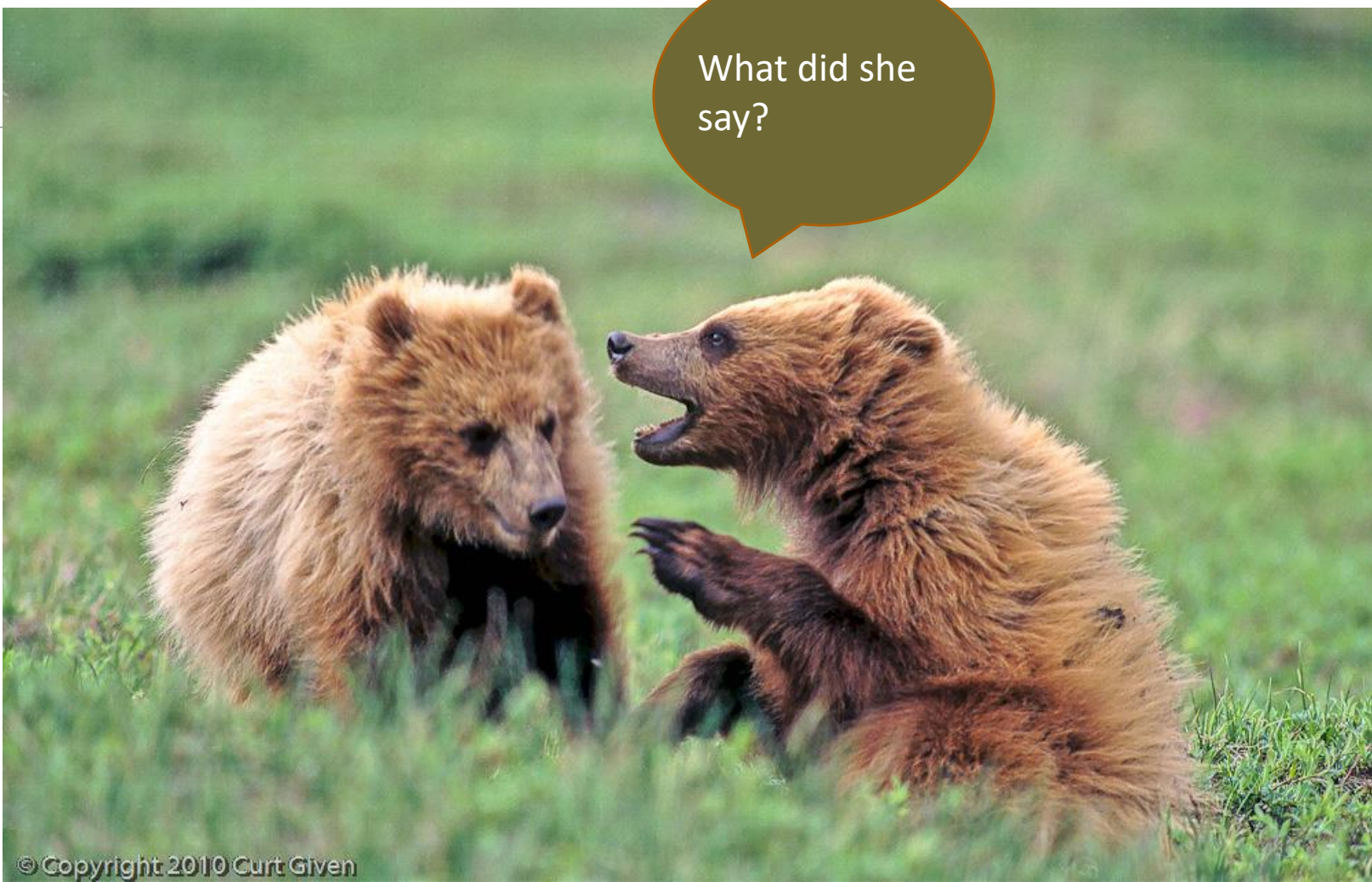
Tracks person centered practices and changed the terminology of their planning process

## **Kentucky**

Issues formal report on service quality and community participation; data was basis for system redesign

## **Massachusetts**

Tracks and acts on health and wellness and safety data

A photograph of two brown bears in a lush green field. The bear on the right is standing on its hind legs, facing the bear on the left, with its mouth wide open as if in the middle of a conversation. A dark green speech bubble with a white border is positioned above the bear on the right, containing the text "What did she say?".

What did she  
say?

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