## **DE-MYSTIFYING FACTOR 10:**

## USING APPLIED ANALYSIS IN ORGANIZATIONAL QUALITY MONITORING AND ENHANCEMENT



CQL | The Council on Quality and Leadership

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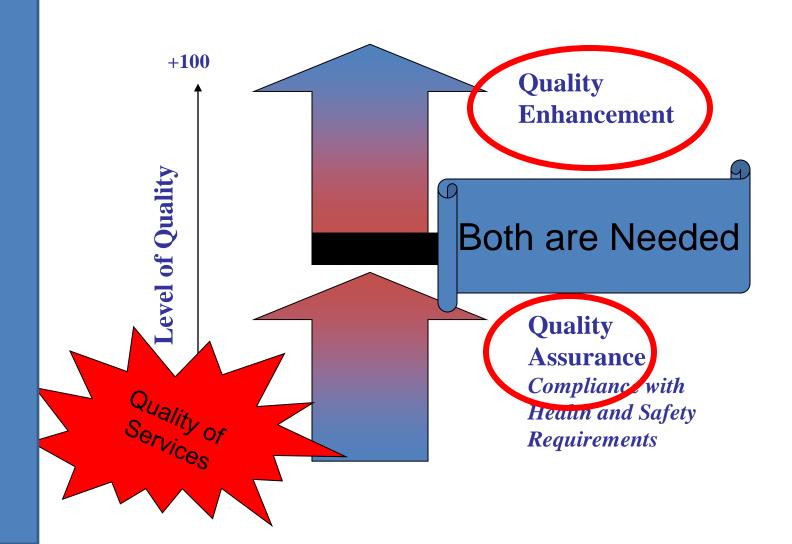


#### **TOPICS**

- Overview of Basic Assurances Factor 10
  - What is the intent?
  - What does it call for?
- Reviewing CQL's National Data
  - Identifying areas of interest
  - Looking at trends
- How to Develop a Quality Monitoring Plan
  - Key components
  - Data types
    - CQL's POM Data System
    - Records tracking (i.e. Therap or other health systems)
- Reviewing Examples of Factor 10
- Questions



# All Efforts For Quality Are Not Equal





## 10a: The organization monitors Basic Assurances

10b: A comprehensive plan describes the methods and procedures for monitoring Basic Assurances





#### The 3 Critical Questions (and Answers)

How Do We Get Better?

How do You Know You Have It?

How is Quality Defined?



#### What does it call for?



➤ Realign Key Organizational Resources



➤ Use Data In Multiple Ways



➤ Focus on Personal Outcomes

Leverage Strengths For Sustainability



#### What makes for strong systems

The organization must maintain and evaluate its system to ensure Basic Assurances®



Basic Assurances® are the foundation for a strong integrated quality management system.



**Evaluation** 

An organization can't simply collect data....it must

**Analyze** 

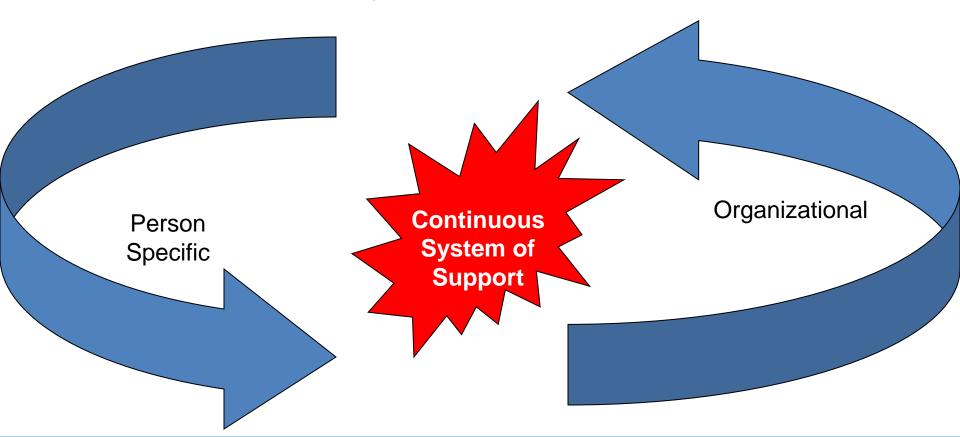
Act





#### **Looking Closer**

 Basic Assurances® monitoring must focus on two systems:



<b>10</b> a	THE ORGANIZATION MONITORS BASIC ASSURANCES®.
10a1	Does the organization have policies and procedures that describe its plan for monitoring the presence of Basic Assurances®?
10a2	Does the policy identify leaders responsible for overseeing the design of the plan and assigning priorities for monitoring the presence of Basic Assurances®?
10a3	Does the policy establish the responsibilities of leaders and the structure for leaders to oversee implementation of the plan?
10a4	Does the policy describe the organization's commitment to attain and maintain the presence of Basic Assurances® outcomes over time?
10a5	Does the policy emphasize personal and organizational outcomes rather than individual staff performance?
10a6	Does the policy emphasize a continuous improvement and learning process rather than a system that responds only to identified problems?
10a7	Does the process include methods to inform and educate people, their families and support staff about Basic Assurances® and to solicit their involvement in the evaluation process?
10a8	Do people, families and support staff actively participate in collecting and analyzing data used to evaluate Basic Assurances®?
<b>10</b> a9	Does the organization have a process for sharing the results of the plan with people, families, staff and others external to the organization?

FACTOR	10 Basic Assurances® System
10b	A COMPREHENSIVE PLAN DESCRIBES THE METHODS AND PROCEDURES FOR MONITORING BASIC ASSURANCES®.
10b1	Are the key functions and activities of the organization that relate to Basic Assurances® identified?
10b2	Does the plan identify the most important element(s) of each Basic Assurances® function and activity?
10b3	Are measures identified that indicate the presence or absence of important elements?
10b4	Are the data sources and methods of collection identified for each measure?
10b5	Are the methods of data analysis and evaluation identified for each of the elements?
10b6	Are people responsible for implementing the plan identified, including those responsible for collecting, organizing and evaluating data?
10b7	Do the methods used enable the analysis of both a single critical event or incident (sentinel review) and system outcomes?
10b8	Does the plan describe how to use feedback from other sources including satisfaction surveys, complaints, audits and/or other applicable regulatory reviews?
10b9	Does the plan include priorities, goals and objectives to ensure the presence of Basic Assurances® are integrated into the organization's annual plan?
10b10	Is the plan coordinated and interrelated across the organization's various programs and



#### **PUTTING THE PIECES TOGETHER: FACTOR 10**

Ultimate goal:

Turn Data Into Information



Information Into Action

**Action Into Enhanced Services** 



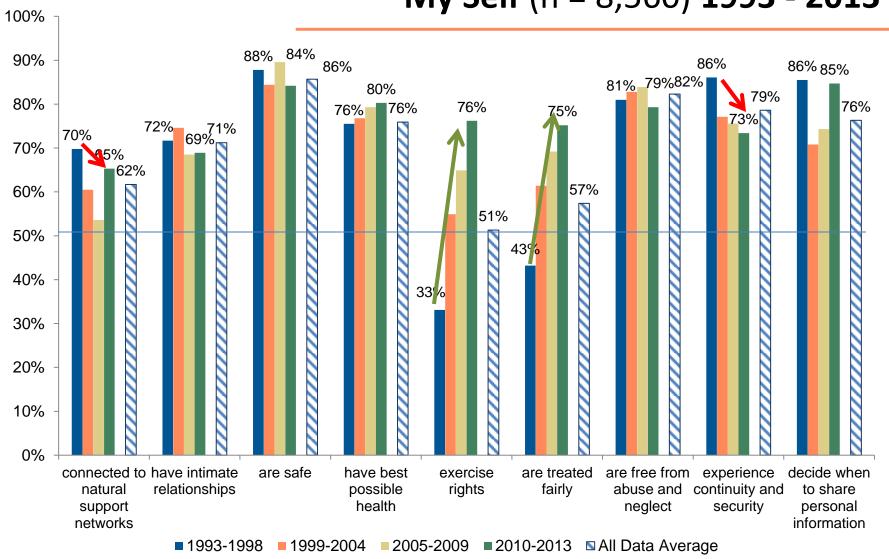
#### LOOKING AT THE POM DATA

#### **Overview of CQL Data Collection**

- All POM data presented comes from:
  - CQL Certified Interviewers
  - CQL Staff
- Records are not necessarily the same people from year-to-year
- Data used to show trends in services
- More finite research can be conducted at the individual, provider and/or state by state level

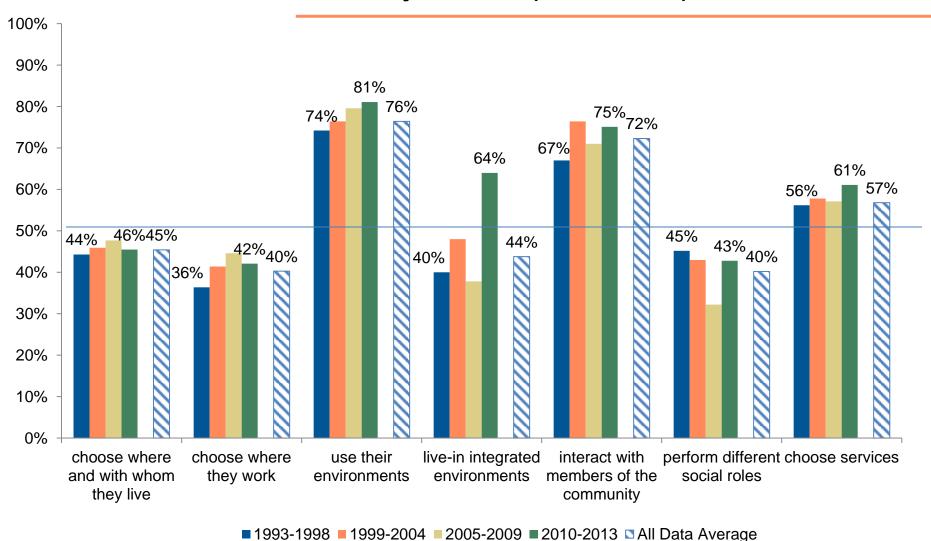


**My Self** (n = 8,560) **1993 - 2013** 



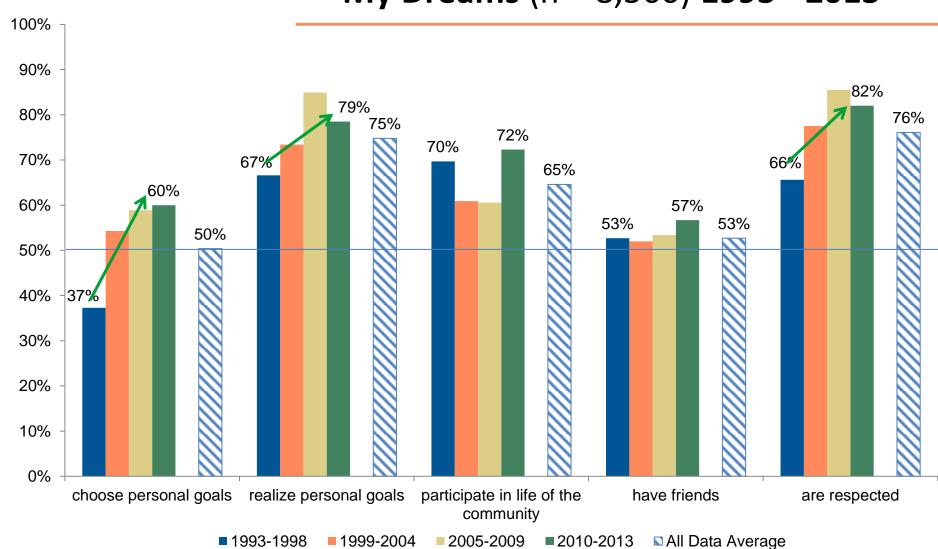


My World (n = 8,560) 1993 - 2013





My Dreams (n = 8,560) 1993 - 2013





#### **PREDICTORS**

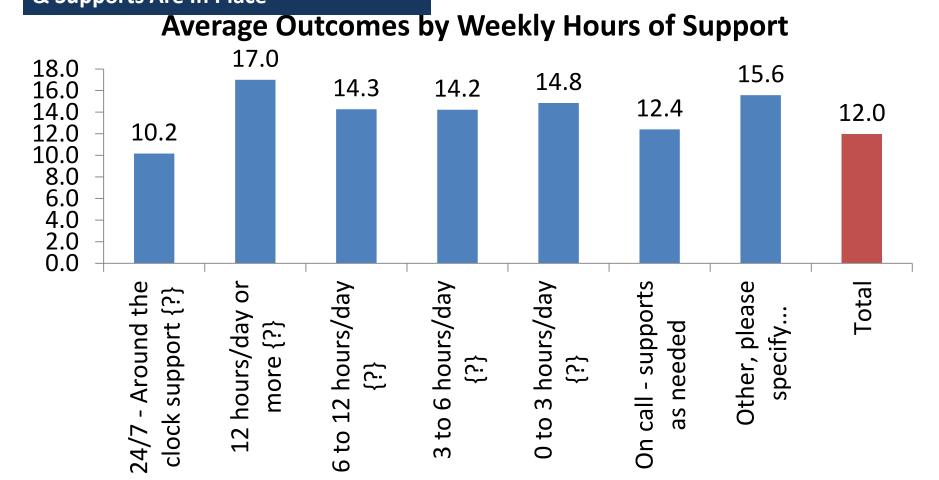
#### **Specific Outcomes Correlated With Total Outcomes**

HIGHEST (US)							
Exercise Rights	F1: Ri	ghts protect	ion and promotion		.537		
Are Treated Fairly		F2: Dignit	y and Respect		.523		
Choose where and	with whom	they live	F8: Positive Services & Su	pports	.517		
Interact with memb	Interact with members of the community F2: Dignity and Respect						
	F8: Positive Services & Supports						
Choose where they		.499					
LOWEST							
Decide when to sha		.337					
Have the best possi	Have the best possible health						
Free from abuse an		.284					
Experience continu		.276					
Are safe correlations are si	gnificant at the 0.0	05 level (2-tailed)			.192		



Factor 7: Appropriate Staff Resources & Supports Are In Place

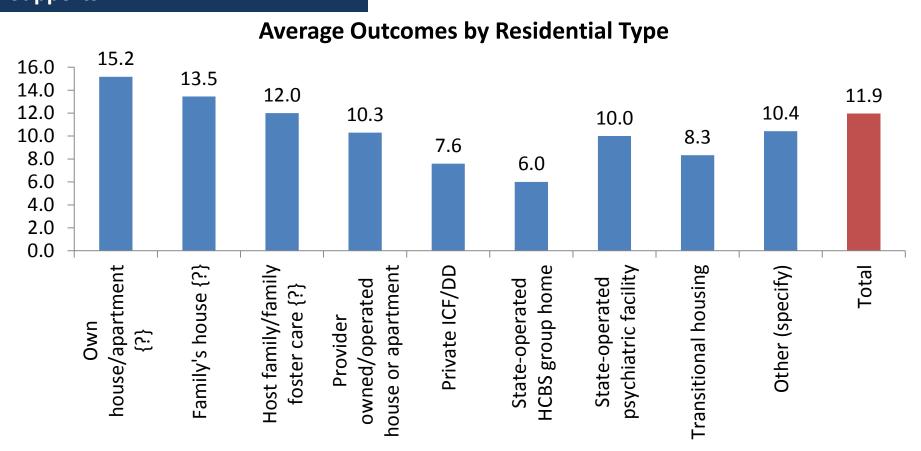
Using data in decision-making





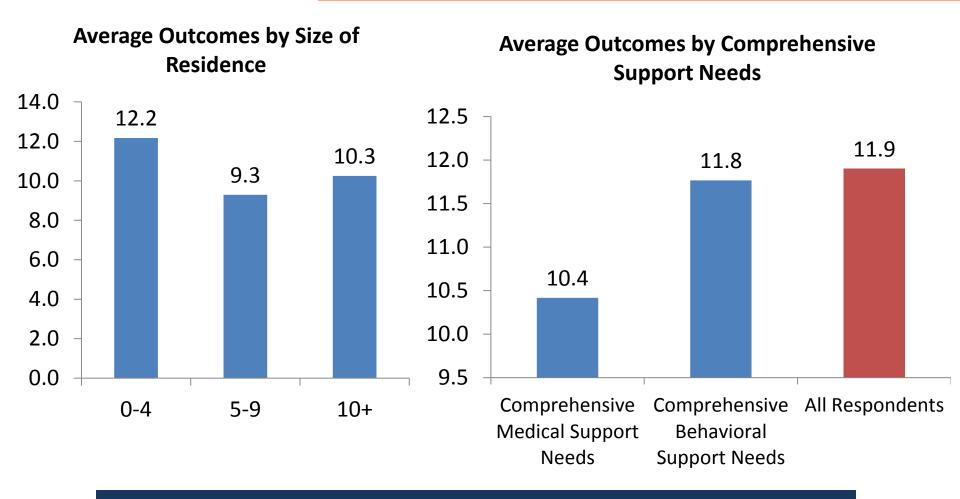
Factor 8: Positive Services & Supports

#### Using data in decision-making





#### Using data in decision-making

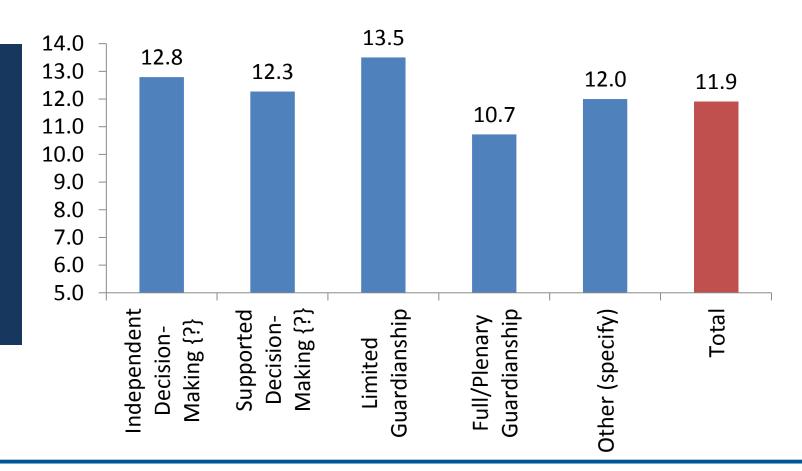




#### Using data in decision-making

**Average Outcomes by Decision-Making Authority** 



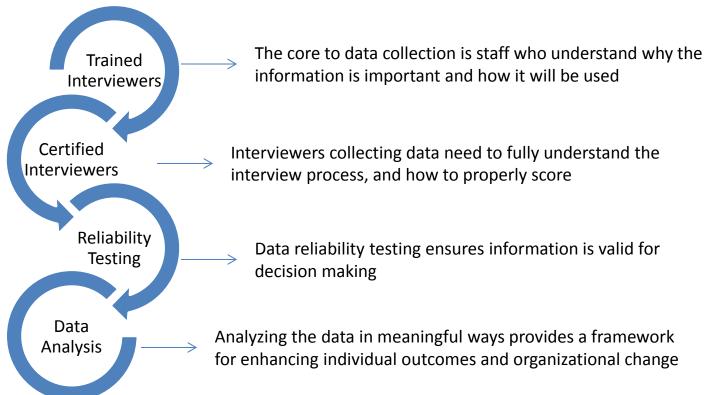




#### **Collecting Reliable Data**

#### **Overview of Data Collection**

Keys to quality data:





#### **Collecting Reliable Data**

#### **Overview of Data Collection**

Keys to quality data:



Developing strong interviewers allows for:

- Effective and efficient data collection
- Strength in the type and usability of data
- Consistency in information overtime

Key Elements: Consistent



#### **Collecting Reliable Data**

#### **Overview of Data Collection**



Key Elements: Consistent, Reliable, Trusted CQL requires that certified Personal Outcome Measures® interviewers maintain certification by completing annual inter-rater reliability testing.

What is inter-rater reliability testing:

- A test which measures that two interviewers participating in the same interview score results similarly
- A proven approach to ensuring consistency and accuracy in data collection

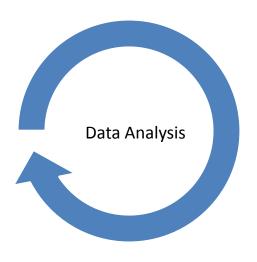
CQL's requirements in inter-rater reliability

- Annual review
- IRR score of 0.85 (85%) match rate
- Conducted by CQL trained staff



#### **Collecting Reliable Data**

#### **Overview of Data Collection**



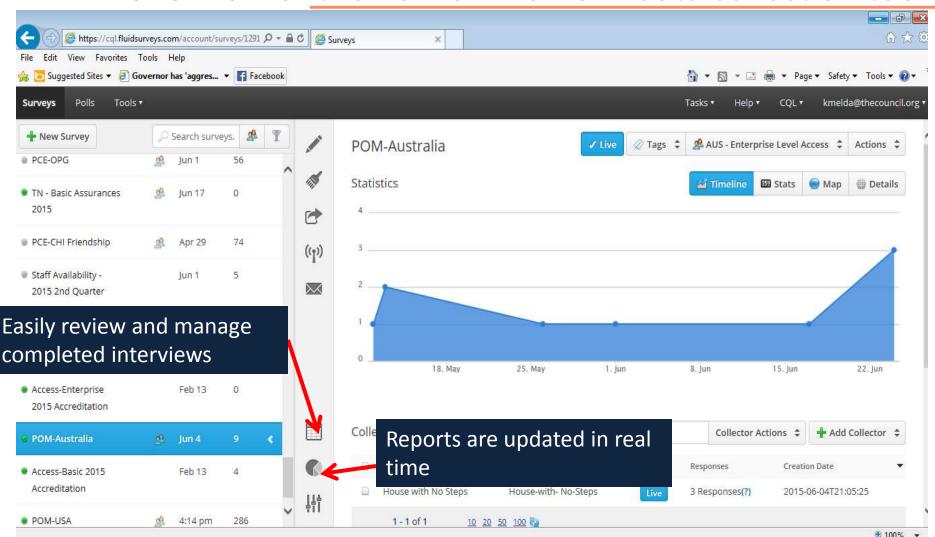
Collecting data is only valuable if you do something meaningful with it.

- Data analysis provides critical information for promoting and improving individual outcomes
- Provides agencies strong information for imposing organizational change
- Requires reliable inputs to translate to meaningful outputs.

In January 2015, CQL introduced a new online POM data collection system. The new system increases the amount of data collected and provides greater structure to the interview process. Although no changes were made to the scoring of the overall outcome indicators, the new system provides agencies with a depth of information not previously available.

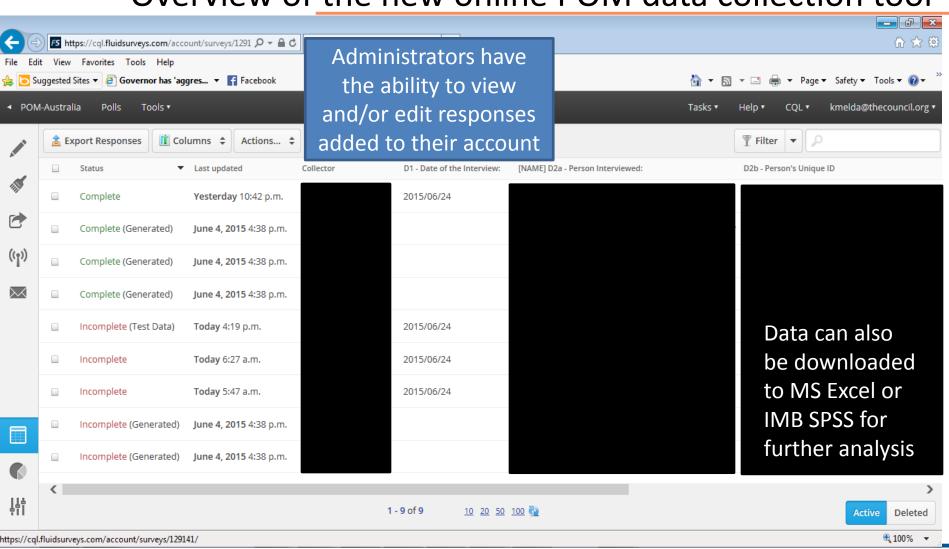


#### Overview of the new online POM data collection tool



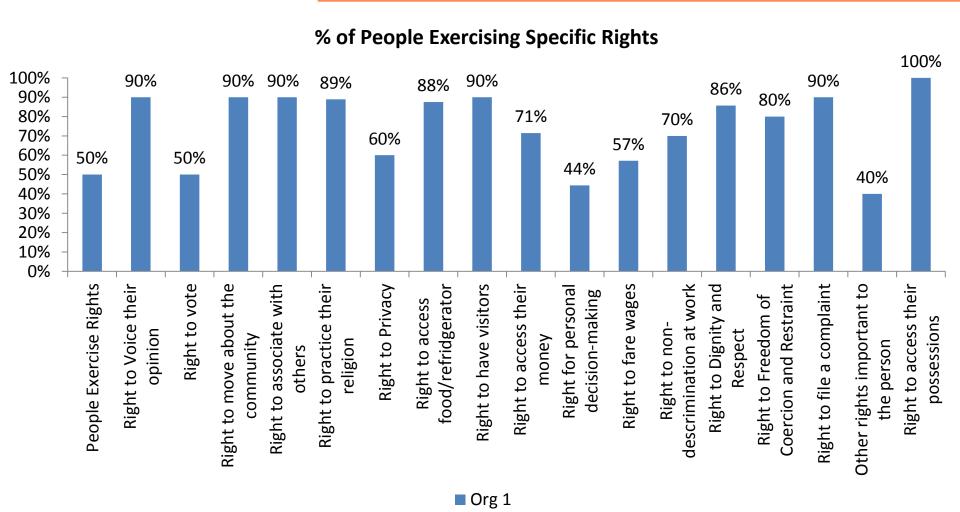


#### Overview of the new online POM data collection tool





#### Rights





#### **Rights - Continued**

#### **People Exercise Rights**

5.1 - Indicate whether the person exercises this right as a citizen?

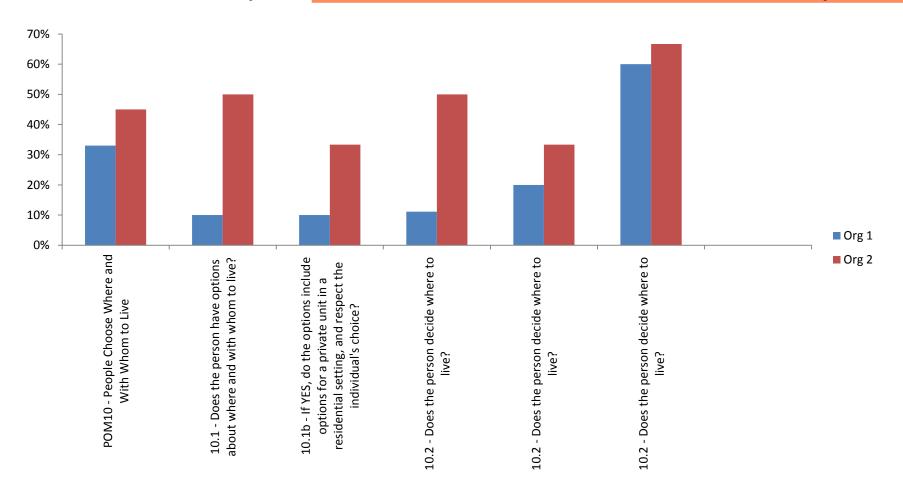
	Yes	No	Total Responses
Right to voice their opinion	58 (80.6%)	14 (19.4%)	72
Right to vote	42 (61.8%)	26 (38.2%)	68
Right to move about the community	54 (78.3%)	15 (21.7%)	69
Right to associate with others	57 (81.4%)	13 (18.6%)	70
Right to practice their religion	53 (77.9%)	15 (22.1%)	68
Right to privacy	50 (73.5%)	18 (26.5%)	68
Right to access their possessions	58 (81.7%)	13 (18.3%)	71
Right to access food/refrigerator	45 (65.2%)	24 (34.8%)	69
Right to have visitors at any time	53 (75.7%)	17 (24.3%)	70
Right to access their money	46 (65.7%)	24 (34.3%)	70
Right for personal decision- making	48 (68.6%)	22 (31.4%)	70
Right to fair wages	35 (58.3%)	25 (41.7%)	60
Right to non-discrimination at work	45 (78.9%)	12 (21.1%)	57

5.1 – Who, if anyone, most limits the person's ability to exercise this right?

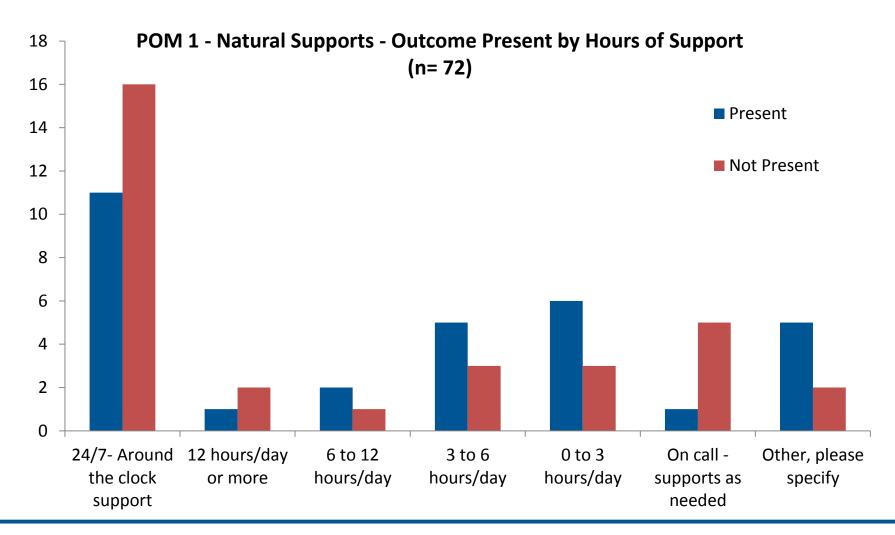
	Guardia n	Family	Provider org./sup port staff	Employe r/co- worker	Other	Total Respons es
Right to voice their opinion	3 (14.3%)	2 (9.5%)	2 (9.5%)	6 (28.6%)	8 (38.1%)	21
Right to vote	6 (19.4%)	4 (12.9%)	B (25.8%)	3 (9.7%)	10 (32.3%)	31
Right to move about the community	2 (7.1%)	5 (17.9%)	14 (50.0%)	2 (7.1%)	5 (17.9%)	28
Right to associate with others	5 (23.8%)	5 (23.8%)	7 (33.3%)	2 (9.5%)	2 (9.5%)	21
Right to practice their religion	4 (23.5%)	5 (29.4%)	3 (17.6%)	2 (11.8%)	3 (17.6%)	17
Right to privacy	10 (40.0%)	4 (16.0%)	9 (36.0%)	1 (4.0%)	1 (4.0%)	25
Right to access their possessions	9 (39.1%)	7 (30.4%)	6 (26.1%)	0 (0.0%)	1 (4.3%)	23
Right to access food/refrigerator	9 (33.3%)	3 (11.1%)	10 (37.0%)	2 (7.4%)	3 (11.1%)	27
Right to have visitors at any time	5 (25.0%)	3 (15.0%)	4 (20.0%)	2 (10.0%)	6 (30.0%)	20
Right to access their money	3 (10.3%)	3 (10.3%)	11 (37.9%)	2 (6.9%)	10 (34.5%)	29
Right for personal decision-making	11 (39.3%)	6 (21.4%)	4 (14.3%)	2 (7.1%)	5 (17.9%)	28
Right to fair wages	11 (39.3%)	2 (7.1%)	10 (35.7%)	2 (7.1%)	3 (10.7%)	28
Right to non- discrimination at work	2 (11.8%)	2 (11.8%)	3 (17.6%)	3 (17.6%)	7 (41.2%)	17



#### Choice – People choose where and with whom they live









#### **Identifying Other Data Sources**

- Use information you already have available:
  - CQL tools
  - Health Monitoring Data
  - Claims data
  - Therap
  - Internal assessment tools
  - Level of Care (LOC) assessments





# Examples of Factor 10 Plans – AHRC NASSAU (NY)

#### Basic Assurances Monitoring & Enhancement Report

Basic Assurances, monitoring data is used for continuous learning and improvement.

BA Leader: Data Report Period From 1/2013 To12/2013

#### FACTOR 1: RIGHTS, PROTECTION, & PROMOTION

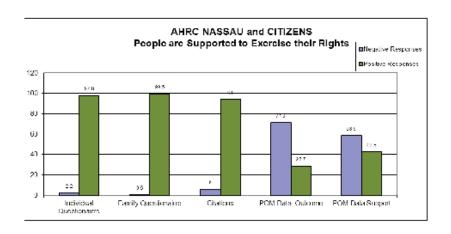
 Review of CQL Self-Assessment for this Factor (key systems and practices/ activities that relate to maintenance of these Basic Assurances) to ensure systems and practices remains current and relevant and effective. Please document results on the Excel self-assessment form; summarized below.

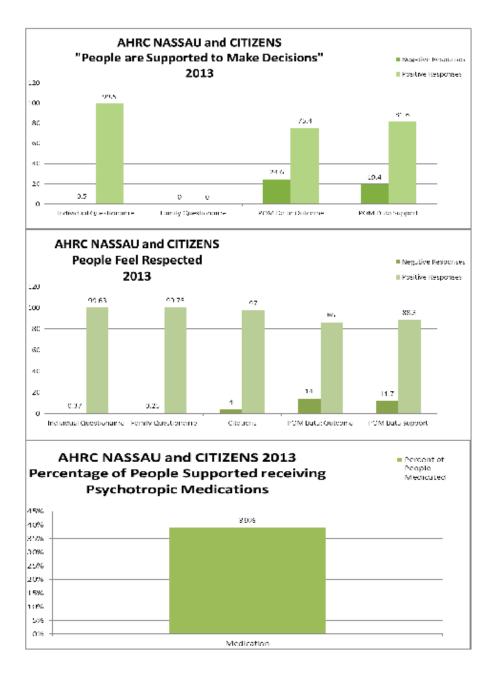
d. Decision-making supports are provided to people as needed.	System Present Ves No	*Practice Present Yes No *Stronger Plan under development.
c. The organization upholds due process requirements.	System Present Ves No	Practice Present Ves No
b. Staff recognizes and honor people's rights.	System Present Ves No	Practice Present Ves No
<ul> <li>a. The organization supports people to exercise their rights and responsibilities.</li> </ul>	System Present Ves   No	Practice Present Ves No
the Excel self-assessment form; summarized below.		

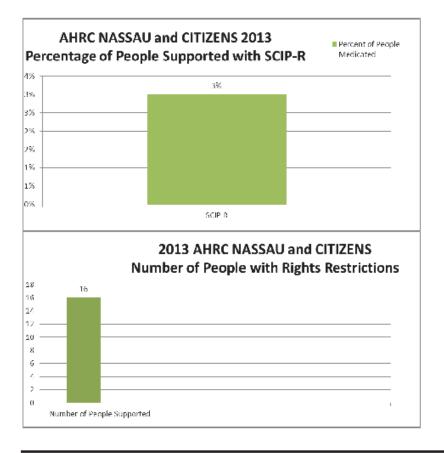
#### 2. Qualitative Data & Analysis: Personal Outcome Measures

People exercise rights	Outcome Data:	28.7	Supports Data: 42.5
People realize personal goals	Outcome Data:	20.8	Supports Data: 23.1
People are treated fairly	Outcome Data:	86.4	Supports Data:88.84

3. Quantitative Data & Analysis (see Basic Assurances policy/procedure & Attachment A for data to be reported)







#### 4. BA Leader & Committee Analysis

- a. Current Review Information/Assessment: AHRC Nassau and Citizens implement the following <u>policies and</u> procedures that promote people's rights.
- Individual Rights (P&P and packet)-completed upon enrollment and annually. Includes Grievance procedure, Bill
  of Rights and Human Rights)
- Annual Rights Assessment (results included in persons ISP and IPOP focusing on the rights that are important to the person)
- Advocacy and Guardianship: People are supported to make decisions with the level of support needed. Discussed
  at the ISP.
- Monthly Rights Training (council(s), house and day meetings)
- · Individual Rights training (Orientation and Annual) and Staff Attestation
- Human Rights Committee (Policy, Systems and Training New HRC Empowerment Training)
- Person Centered Support Plan and Committee (Policy, Systems and Training) Christine Schulte
- IPOP&ISP (includes the rights that are important to the person).
- Dignity in Life Committee

- AHRC Nassau and Citizens supports people to exercise their rights and responsibilities.
- Individual Rights P&P (rights assessment, Personal Outcome Interviews, ISP, IPOP, Advocacy Councils, Monthly Rights Training, house meetings, annual satisfaction questionnaires and forums such as My World, My Day, Stand-up and Speak Out, Rights Rally, Council Celebrations, self-advocate of the year award, Rights Ambassador Initiative.)
- On an annual basis people supported report to the Board of Directors.
- Grievance Procedure and Complaint Process
- Rights that are important to the person incorporated into ISP/IPOP.
- Dignity in Life Committee
- b. Follow-Up from Prior Review: Not Applicable this year.
- c. Committee Comments (to include if progress made and plan for continued enhancement as indicated): Staff remain tentative about the rights initiatives due to the responsibilities attached to exercising many rights. Therefore, enhancement of monthly rights training to emphasize responsibility as well will be completed during the next review year. Use of social media will be explored to promote rights. Additionally, a picture per right will be offered and used as a springboard for discussion. A poster to communicate the due process system is underway and the supportive decision making initiative will be further enhanced over the coming year. The committee is in agreement with the quality measures in place and/or recommended.

#### d. Priorities for monitoring the presence of this factor:

- Revise questionnaires to include asking families about their awareness of due process and supporting their family members to make decisions as capacity allows.
- Request data from QA for incidents relating to powers struggles with staff.
- Regulatory Affairs to specifically site privacy issues under privacy (share personal information). It can also fall under other tags.
- Request Chairs(s) of Human Rights to obtain data on all initial requests for a psychiatric referral and subsequent referral for a POM interview in order to deter the use of psychiatric medication.
- The Agency has adopted a philosophy that the use of supine control as means to controlling behavior be banned.
- Collect baseline data on the amount of behavior support plans that include supine control.

#### e. Goals and objectives:

- People feeling supported to exercise their rights will increase to 33% by April 2015 based on data from Personal Outcome Interviews.
- The use of supine control as it relates to individual behavior supports will be reduced to zero by April 2015 or sooner
- The use of rights restrictions in behavior support plans will be reduced by 5% through the use of proactive measures within individual support plans by April 2015.
- Obtain baseline data on the number of people who have created their own health care proxy.
- Collect baseline data on newly enrolled people for 2014 that have court appointed legal guardians vs.
  those that do not.
- f. Recommended changes/modifications to the comprehensive enhancement plan: None at this time.

Submitted By: Colleen Tapia



# Examples of Factor 10 Plans – Aspire, Inc (SD)

#### Aspire Inc. Quarterly Data 2013

Factor One: Rights, Protection, and Promotion									
5. People exercise rights.		97%		100%	2012 Q1	95%	2012 Q1	92%	
	Qtr1				Outcome:		Sppt:		
	Outcome:		Qtr 1 Sppt:						
18. People realize personal goals.		71%		68%	2012 Q1	84%	2012 Q1	87%	
	Qtr 1				Outcome:		Sppt:		
	Outcome:		Qtr 1 Sppt:				• • •		

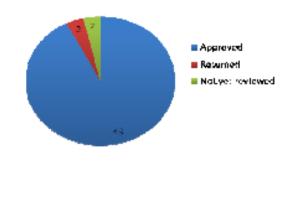
Rights Restrictions/Supports Human Rights Committee Chairperson

Quarter 1

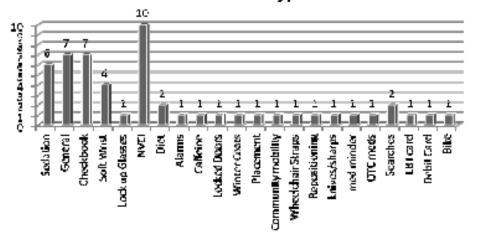
The committee reviewed 46 restrictions. Three of the 46 were returned during the quarter and 8 have been submitted to the committee later in the quarter so have not been through the process yet. The reasons for returns are broken down into: one had missing protocol for NVCI, has been corrected and approved during this period; another one had no restoration plan identified, and the other one needed clarification on the restoration plan.

There were 22 different types of restriction submitted the top 5 were NVCI (9 behavioral, 1 medical), general anesthesia (7), checkbook (7), sedation (6), and soft wrist restraints (4).

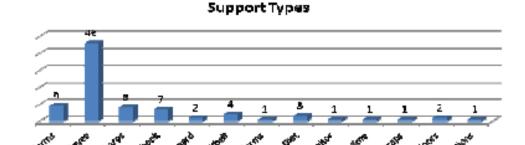
#### Restrictions through PBSC



#### Restriction types



We had a total of 86 supports submitted and approved in the first quarter; there were 13 different types of supports submitted. The supports submitted were payee (46), door alarms (9), knives and sharps (9), checkbook (6), gait belt (4), diet (3), locked cupboards (2), locked doors (2), audio alarms (1), monitors (1), private time (1), wheelchair straps (1), and addictions (1).



The data was collected from the Positive Behavior Support Committee tracking sheets that recorded the length of time it is taking Service Coordinators to submit to the committee the updated rights restrictions/supports following an ISP meeting. The analysis shows that it is taking an average of 62 days. The average days have increased due to delay in getting some of the 2012 ISPs completed.

#### Organizational Response

1<sup>st</sup> quarter 2012 had 38 restrictions and 58 supports reviewed. The difference in restrictions was the 8 that were turned in late in the quarter and had not been reviewed. The difference in supports could partly be due to locked doors/cupboards and door alarms to support someone who just moved into 15. Also the differences in numbers for supports could be that there were quite a few turned in late during the 1<sup>st</sup> quarter that should have been reviewed in the 3<sup>st</sup> or 4<sup>th</sup> quarters last year, which will skew some data in following quarters as well. Restrictions and supports also DO NOT need to wait to be turned in until after oversight process is done.

Factor Two: Dignity and Respect

6. People are treated fairly.		92%		97%	2012 Q1	87%	2012 Q1	84%
	Qtr1		l .		Outcome:		Sppt:	
	Outcome:		Qtr 1 Sppt:					
People decide when to share personal information.		95%		97%	2012 Q1	92%	2012 Q1	95%
	Qtr1		l .		Outcome:		Sppt:	
	Outcome:		Qtr 1 Sppt:					
13. People live in integrated environments.		63%		84%	2012 Q1	63%	2012 Q1	87%
	Qtr 1		l .		Outcome:		Sppt:	
	Outcome:		Qtr 1 Sppt:					
14. People interact with other members of the community.		76%		97%	2012 Q1	79%	2012 Q1	95%
	Qtr 1		l .		Outcome:		Sppt:	
	Outcome:		Qtr 1 Sppt:					
19. People participate in the life of the community.		100%		100%	2012 Q1	87%	2012 Q1	87%
	Qtr1		1		Outcome:		Sppt:	
	Outcome:		Qtr 1 Sppt:				l	



#### A few parting thoughts

- You cannot count what you do not measure
- Goals and objectives should be: relevant, realistic, measurable
- Quality monitoring and enhancement is ongoing...there is no point in time when the job should feel "complete"
- Develop research questions with a meaningful goal in mind. Data which is collected simply to be collected will never turn in to information.





#### **ADDITIONAL RESOURCES**



20 Years of Personal Outcome Measures®

www.c-q-l.org/resource-library/publications

New Online POM Data System

www.c-q-l.org/data





## Questions?





CQL is dedicated to the definition, measurement and improvement of personal quality of life for people receiving human services and supports.

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