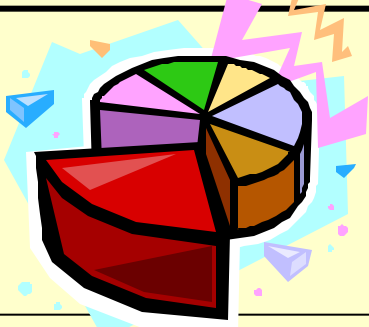


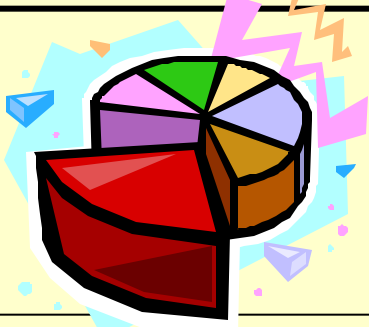
How to Use Information for Local Quality Management

Lackawanna-Susquehanna-Wayne
Counties Mental Health/Mental
Retardation Program

Presented at Reinventing Quality Conference:
August 10, 2004

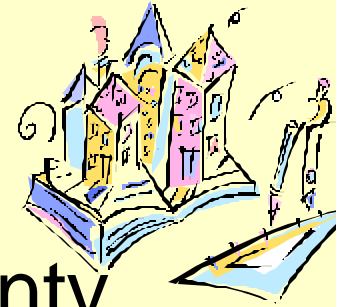
County/ Joinder Profile



	County Population	MR Population Served	MH Population Served
Lackawanna	213,295	2,128	8,588
Susquehanna	42,237	214	1,511
Wayne	47,722	222	1,823
Total Joinder	303,254	2,564	11,922

- 2002-2003 Administrator's Report Statistics

County/ Joinder Profile



- The Program consists of a three county Joinder with diverse characteristics.
- Lackawanna County is made up of more urban areas.
- Susquehanna and Wayne counties are considered more rural areas.
- The Program has contracts with 34 Providers, 25 of which are MR Providers.



County/ Joinder Profile

- The Joinder Program is mandated by The Mental Health and Mental Retardation Act of 1966 which establishes county responsibilities and the content of services for county programs in the Commonwealth of Pennsylvania.
- Evaluation of Programs and Services is considered an integral component for the delivery of quality services.



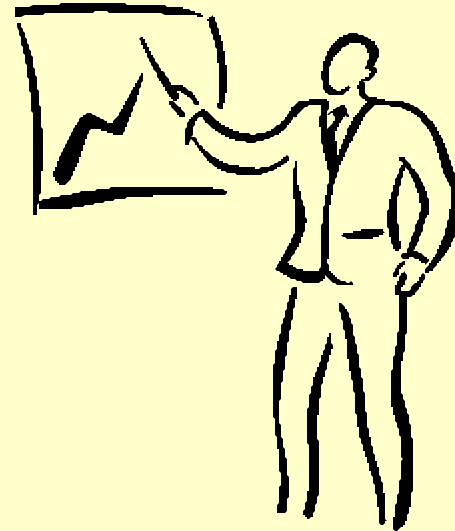
Utilization Review/ Managing Data

- Providers within the L-S-W Joinder submit data regarding the use of their programs on a regular basis to the Joinder Program. In addition, Providers regularly submit information to the State through the HCSIS system. As a result, the Joinder is able to use this data for Quality Improvement purposes.
- The comparison of the information across time and between providers often offers trends that can be useful in identifying gaps in service delivery.



Utilization Review/ Managing Data

- The L-S-W Joinder Program organizes the data into meaningful reports which are shared with Stakeholders through Committees and The Advisory Board.



Utilization Review Reports

- The following reports are completed on an annual basis:
 - Consumer satisfaction survey
 - Core Team
 - Community Employment
 - Profile of Lackawanna-Susquehanna Wayne County Residents in Clarks Summit State Hospital
 - Community Residential Program for Persons with Mental Illness who are Homeless
 - Child and Adolescent Inpatient Hospitalization Report
 - Residential Treatment Facility Services for Children and Adolescents
 - Early Intervention Annual Report
 - Annual Administrator's Report

Data Sources /Uses



- Examples of Collected Data:
 - Consumer Satisfaction : completed by consumer, family member, and/or advocate. General survey of satisfaction with specified MR services. Provides an alert to identify reductions in satisfaction in specific services.
 - Findings- Overall satisfaction with service responses are consistently high. Decreases in response rates of the survey over time.
 - Action: survey modification.

Data Sources /Uses



- Examples of Collected Data:
 - Early Intervention Annual Report- Data is retrieved from the EIRS (State) information system and also compared with census data and Department of Health data. Report Provides information related to use of Early Intervention services.
 - Finding: lack of Children and Youth Services referrals.
 - Action: Information sharing sessions between Children and Youth Services and Early Intervention Providers.

Data Sources /Uses



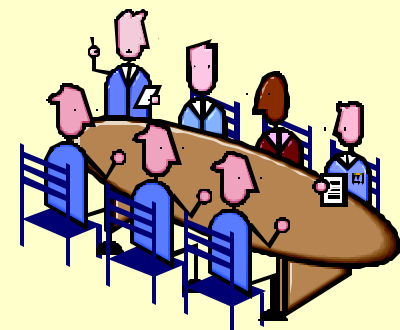
- Examples of Collected Data:
 - Medication Errors- Data collected from HCSIS (Incident Management) and Providers (Distribution Frequency)- Special study to determine if the data retrieved from HCSIS reflected a need to identify this as a priority area for Performance Improvement.
 - Finding: A higher percentage of other incidents were identified and prioritized.

Data Sources /Uses

- Examples of Collected Data:
 - Child and Adolescent Community Inpatient Hospitalization Study: Data submitted by the Base Service Units on a monthly basis and analyzed and collected into a report that identifies utilization patterns of the service. (i.e. county of origin, age , referral reason, referral source, children under 10, occurrence drug and alcohol issues, lengths of stay, readmission information).
 - Finding: 45% of readmissions occurred within 30 days, rate of readmission was 19.5%.
 - Action: Addition of information being collected on usage of other community services, follow through on discharge instructions to identify any gaps in system service delivery.

Utilization Review/ Managing Data

- Current Committees include:
 - Finance Committee
 - Behavioral Health and Pharmacy/Therapy Review Committee
 - Mental Retardation Committee
 - Nominating Committee
 - Personnel Committee
 - Planning and Proposal Review Committee
 - Quality Management Council



Utilization Review/ Managing Data

- The Advisory Board membership is defined by the Act 1966 and is comprised of three County Commissioners (one from each county). Representatives from the Advisory Board serve on each of the Advisory Board Committees.



Utilization Review/ Managing Data

- The development of the Quality Council Committee is a recent evolution resulting from :
 - Increase in available data and the need to manage it effectively (HCSIS, HCQU, IM4Q, etc.) and use it for the benefit of local initiatives.
 - Public demand for accountability in service delivery.
 - A perceived need to manage through facts and data, rather than opinion and prophecy.
 - Being asked to be a Quality Council pilot by the Commonwealth.



Utilization Review/ Managing Data

- Membership of the Quality Council Committee includes:
 - MH/MR Advisory Board Member
 - Administrator
 - Deputy Administrator
 - Assistant Administrator of Mental Retardation Services
 - Assistant Administrator of Behavioral Health Services
 - Quality Management Coordinator
 - Persons and Families receiving Supports and Services
 - Direct Service Provider
 - Advocacy Group Representation
 - Interested Community Members



Utilization Review/ Managing Data

- The Quality Council Role in Managing Data includes:
 - Establish organizational performance indicators, review trends and recommend actions as necessary.
 - Evaluate the effectiveness of Program-wide quality improvement initiatives
 - Review Program-wide trends and actions related to the evaluation of the quality of services.
 - Recommend Program performance improvement activities.
 - Develop, revise and implement Program-wide processes and corrective actions.
 - Report to relevant committees and The Advisory Board.

Quality Council Current Work Activity Examples

- Increase the Use of Identification Cards Among Consumers of Mental Retardation Services
- Enhance Provider and Consumer Education Related to Nutrition and Healthy Lifestyles.
- Decrease the Number of Child and Adolescent Readmissions to Community Inpatient Hospitalization Settings.
- Evaluate factors related to successful completion of the Community Employment experience.





Plan Format

Focus Area: Safeguards

Goal: Among individuals receiving Mental Retardation services, increase the number of people who carry identification cards.

Baseline: 60% of individuals carry some form of identification

Objective: 70% of individuals who receive mental retardation services will carry identification cards.

Action Steps/ Responsibility:

1. Participate in group discussion with Provider Agencies to discuss the goal and implementation of action plan to reach the goal.
2. Request feedback from Provider Agencies regarding steps already taken to increase the number of individuals who carry identification cards.
3. Assess Provider feedback for potential barriers to the goal.
4. Initiate campaign to increase ID card use.

Data Source: IM4Q Report

Target Date: #1 -October 17, 2003, #2 -February 13,2004, #3 -April 15, 2004

Completion Date: #1- October 17, 2003, #2- February 13, 2004, #3- March 26,2004,#4 -June 1, 2004

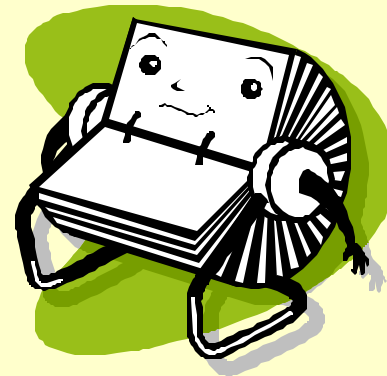
Contact Information

Joanne Lombardo

Quality Management Coordinator

Lackawanna-Susquehanna-Wayne Counties MH/MR
Program

lombardoj@lswmhm.org



Blair County

Population: 110,000

Altoona is the major metropolitan area, with rural and small towns in surrounding areas.

Total Number Registered: 701

Number of People Served: 408

Contracts with 14 provider agencies, has 7 privately contracted providers, and has a privatized Base Service Unit.

Lessons Learned about Using Data for Quality Improvement

- ↪ QI Project on Individual Support Plan (ISP) Development Processes
- ↪ Timeliness of ISP's
- ↪ Data has facilitated our ability to make decisions based on fact and not based on assumptions/emotions.
- ↪ Use data to manage day to day work
- ↪ Focus QI Projects on cycle time, cost, or quality of service

Organized Approach to Data

Juran:

- **Proof of the Need**
- **Project Identification**
- **Organizing for Improvement**
- **Diagnostic Journey**
- **Remedial Journey**
- **Holding the Gains**
(Cultural Resistance to Change)

Steps in Our Learning

- **Proof of the Need**
- **Project Identification**
- **Organizing for Improvement**
- Diagnostic Journey
- Remedial Journey
- Holding the Gains
(Cultural Resistance to Change)
- Involved all stakeholders : “What, in your perspective, is the biggest quality issue facing the system?”
- How would you suggest addressing it? Who should be involved?

Proof of the Need

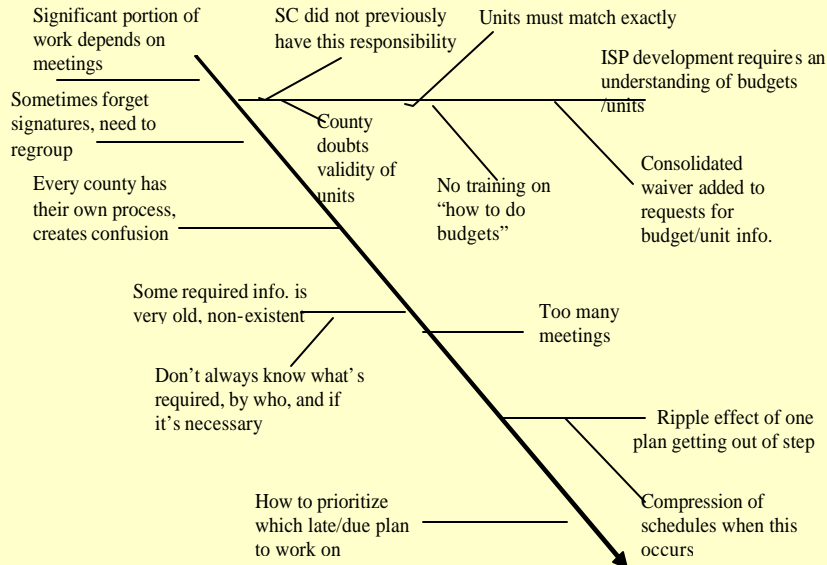
- EVERY stakeholder named difficulties with assessment to plan development to authorization to invoicing cycle as a problem.
- Interviews revealed confusion and different opinions on how the process was designed
- Checklist showed numerous discrepancies.

Cause & Effect

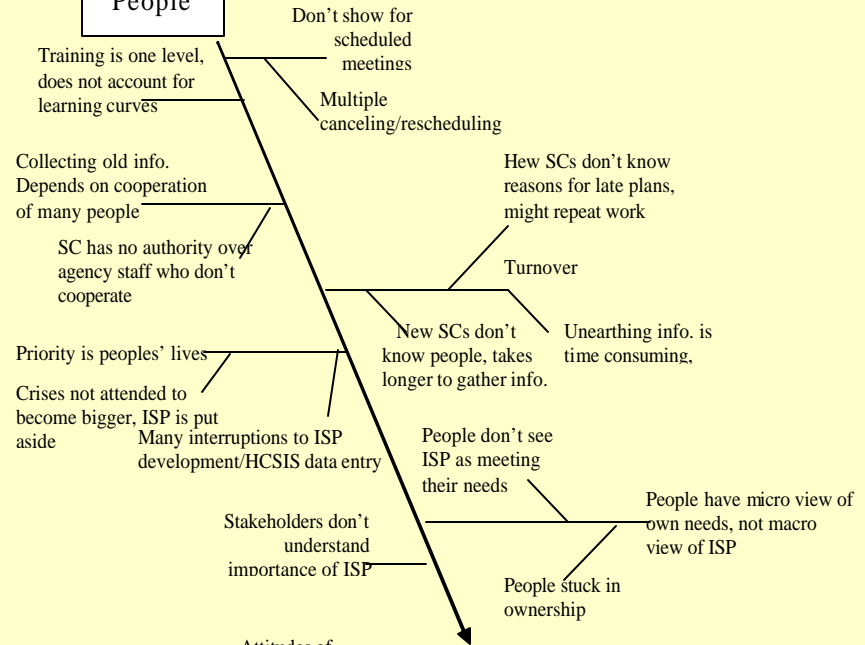
Diagram

Why ISPs are Late

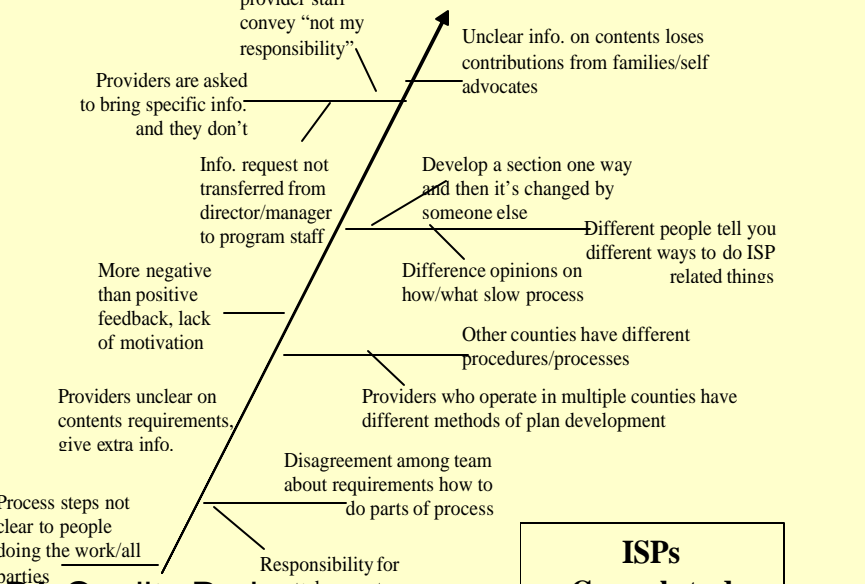
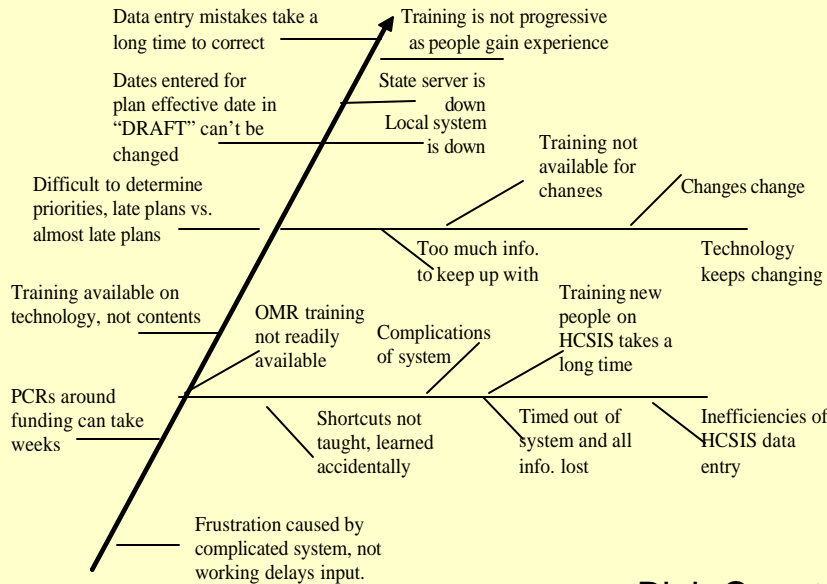
Methods/Processes



People



Attitudes of provider staff convey "not my responsibility"



Technology

Blair County PA Quality Project

Communication

ISPs Completed Past the Due Date

Organizing for Improvement

- Sorting out our perceptions from the facts
- Checklist on what the problems are
- Pareto Charts – 80% of the problem are related to our lack of process
- Who should be involved in designing the process to increase likelihood of success

**ANNUAL PLAN
&
SERVICE UPDATE
PROCESS**

Timeline

120

75 Days

55 Days

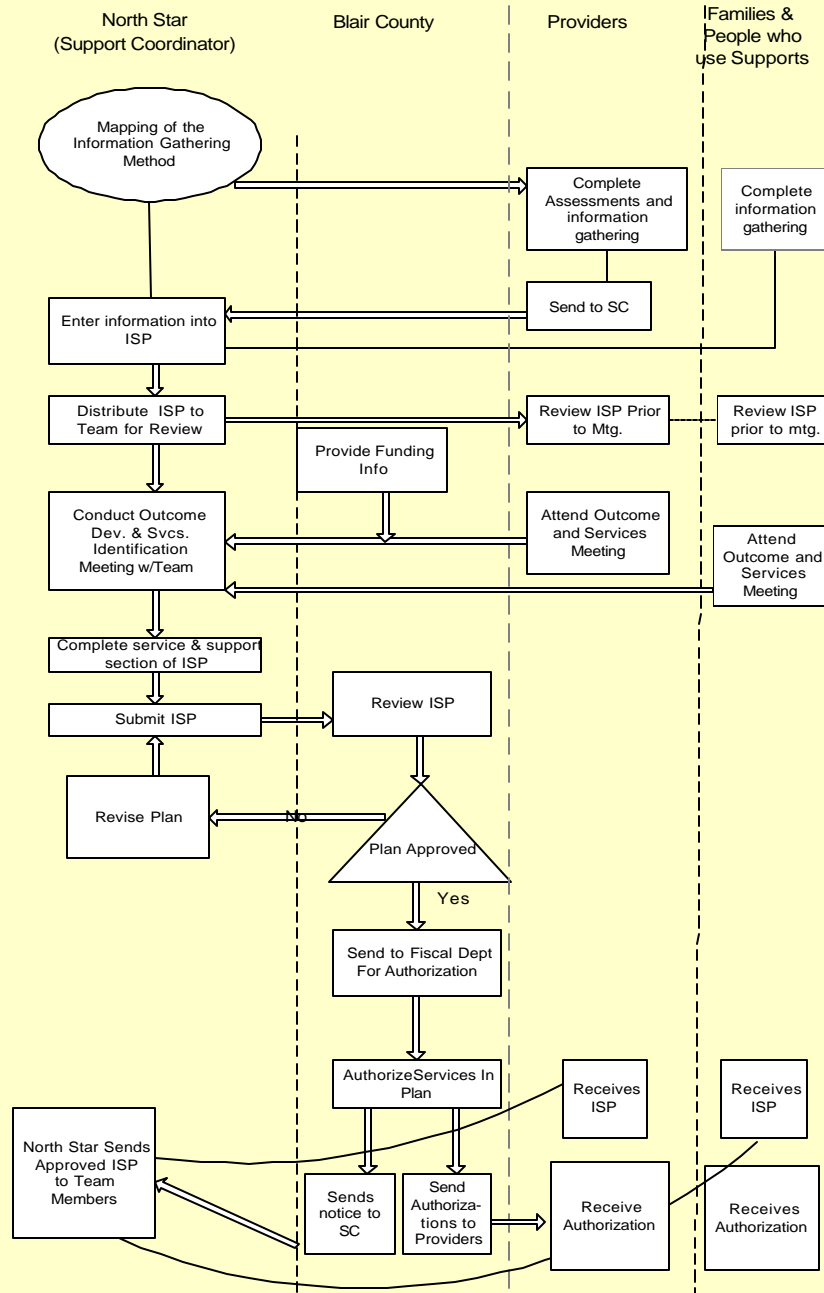
45 Days

15 Days

10 Days

5 Days

Effective due date



ISP

Flow

Chart

Blair County PA Quality Project
2004

Steps in Our Learning

- Proof of the Need
Project Identification
- Organizing for
Improvement
- **Diagnostic Journey**
- Remedial Journey
- Holding the Gains
(Cultural Resistance to
Change)
- What should we
measure?
- How well are we
doing?
- What has created this
situation?
- Who are all the
players involved?

Metrics

for

Plans Past Due

Blair County PA Quality Project
2004

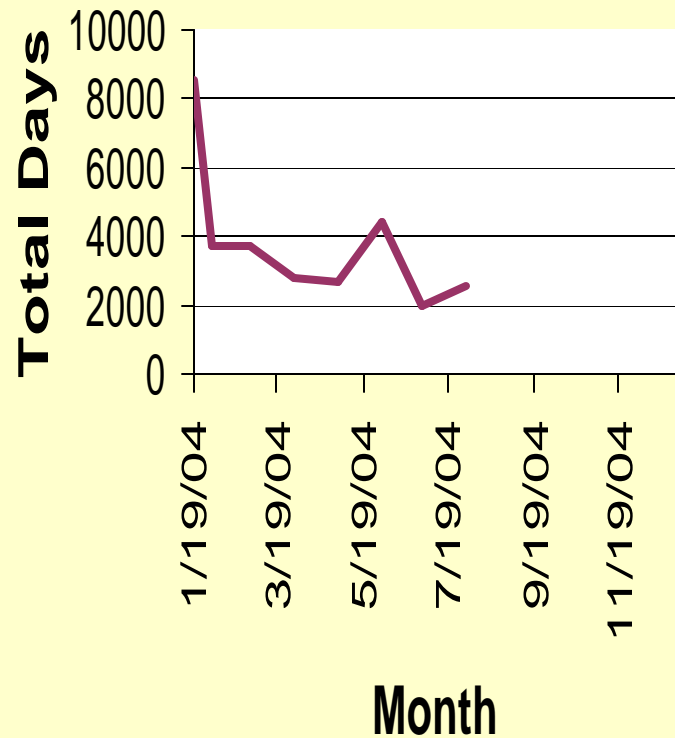
How to determine the metrics

- What you measure, count, calculate, analyze must be the metrics that will reflect what you are trying to improve.
- WOW!
- (Why we used Late DAYS rather than accumulated late PLANS)
- Use technology to do the work for you.

	Plans that are late	Total plans	Percentage
May	6	8	0.75
June	6	12	0.5
July	8	18	0.44
August	7	18	0.39
December	35	64	0.55

Past-Due POC Days Tracking Sheet

Past-Due Plan of Care Days



— Past-Due Plan of Care Days

Date	Past-Due Plan of Care Days
1/19/2004	8511
1/31/2004	3670
2/28/2004	3674
3/30/2004	2741
4/30/2004	2630
5/31/2004	4439
6/30/2004	1990
7/31/2004	2570
8/31/2004	
9/30/2004	
10/31/2004	
11/30/2004	
12/31/2004	

Steps in Our Learning

- Proof of the Need
Project Identification
- Organizing for
Improvement
- Diagnostic Journey
- **Remedial Journey**
- Holding the Gains
(Cultural Resistance to
Change)
- What can we try?
- What should we try
first?
- How will we know if it
is working?
- Who will own this
project?
- How to communicate
to all stakeholders
what we're doing?

**ANNUAL PLAN
&
SERVICE UPDATE
PROCESS**

Timeline

120

75 Days

55 Days

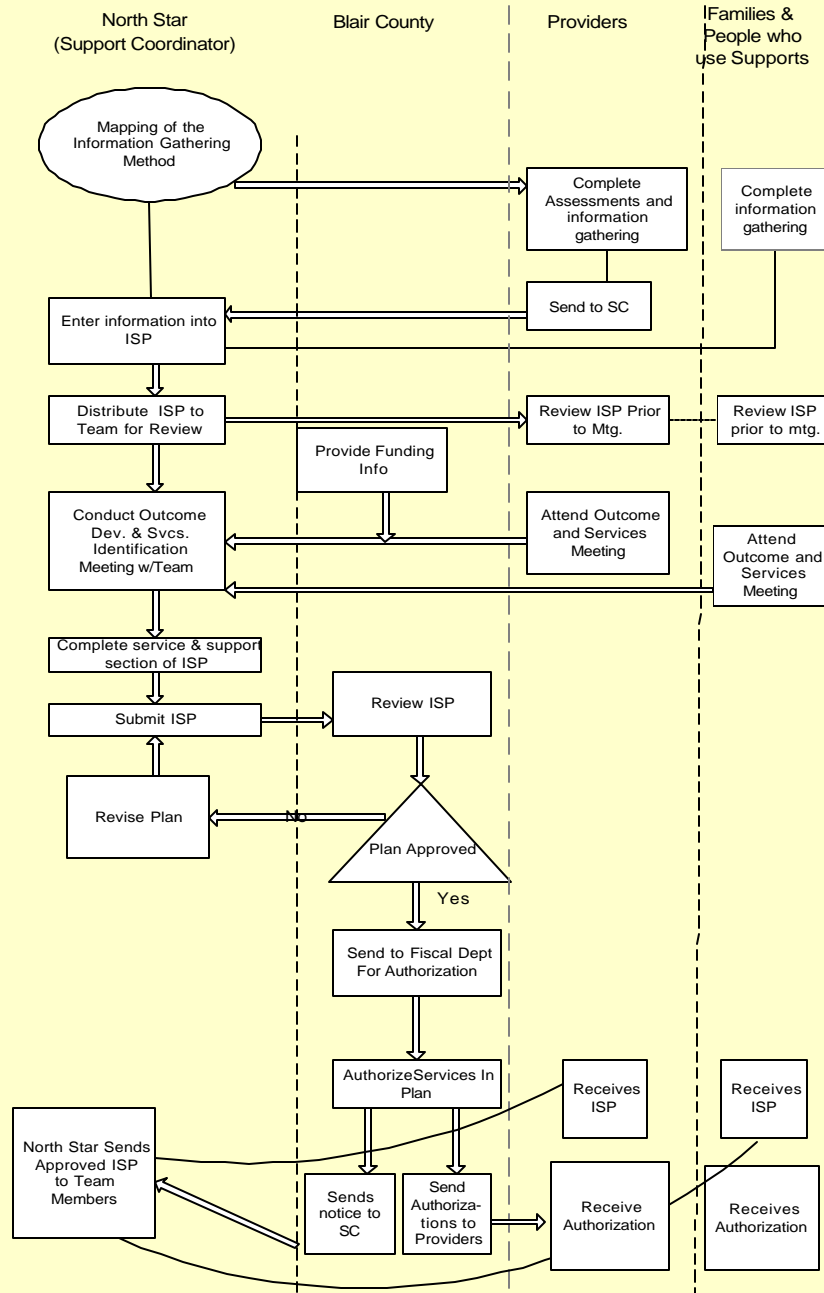
45 Days

15 Days

10 Days

5 Days

Effective due date



ISP

Flow

Chart

Blair County PA Quality Project
2004

Process

Descriptions/Documentation

- Flow chart gave us the 50,000 foot view, but wasn't enough
- Took it down to the 10,000 foot view.
- Descriptions of the process became standardized.
 - Process Name
 - People involved
 - Purpose
 - Time frame (what begins it, what ends it)
 - Steps in the process
 - Process owner

Using the data as Management Tools

- Data removes the temptation for decisions to be made on opinion, assumption or emotions.
- Data improved the “visibility” of progress – people could see that their efforts are paying off.
- Helps managers to zero in on who needs support, and possibly what they need support with.
- Increased our message of partnership – was not punitive, rather “how can we help with this”
- Held ourselves to standards, as well as each other – move from blame to accountability.

Sorted

by

Supports

Coordinator

Fund	First Name	Waiver Program Start Date	Plan of Care Date	Past-Due Plan Days (This is the difference in days between the current plan of care date and the date printed above less 365)	Days Until Plan Is Due	Skills Residential	Skills Day Program	Central Blair Rec	Crossroads	ACEL	FSOBC Residential	FSOBC Day Program	Canalways	TASK	Support Coordinator
Waiver	Heather	1/21/02	4/7/03	121		x	x								FBN
P/FDS	Linda	1/1/00	1/1/04		-148		x								FBN
P/FDS	Theresa	4/22/02	2/11/04		-189					x					FBN
P/FDS	Theresa	1/1/00	11/12/03		-98		x					x			HLE
P/FDS	Richard	10/26/01	9/26/03		-51		x			x					KRN
Waiver	David	10/1/92	7/19/04		-348		x	x			x				LCK
Waiver	Clark	2/18/94	6/24/03	43		x	x					x			LVT
Waiver	James P	7/1/00	7/21/03	16		x	x								PRCL
P/FDS	Donna	1/1/00	10/28/03		-83		x							x	PRCL
Waiver	David	1/1/97	12/17/03		-133						x	x			RNG
Waiver	Shonna	1/1/97	6/25/03	42			x					x			SNK
P/FDS	David	1/1/00	7/23/04		-352		x								SNK
Waiver	Shannon R	8/25/97	11/10/03		-96		x			x					SNK
Waiver	Raymond	7/1/00	5/26/04		-294	x	x								SCRF
P/FDS	Beth	3/19/01	7/11/03	26			x			x					SPR

Blair County PA Quality Project
2004

Mangers could use this to:

- Help SC manage their time
- Help problem solve – what are the barriers getting in the way of these specific plans?
- Help SC prioritize their work load
- Inform the county, and other stakeholders, of the barriers created by the system (some were beyond our ability to impact)

Sorted

by

Provider

(ASK)

Blair County PA Quality Project
2004

8/5/2004

248

Fund	First Name	Waiver Program Start Date	Plan of Care Date	Past-Due Plan Days	Days Until Plan Is Due	Skills Residential	Skills Day Program	Central Blair Rec	Crossroads	ACEL	FSOBC Residential	FSOBC Day Program	Canalways	TASK	Support Coordinator
Waiver	Heather	1/21/02	4/7/03	121		x	x								Fbn
Waiver	Clark	2/18/94	6/24/03	43		x	x					x			Lvt
Waiver	James P	7/1/00	7/21/03	16		x	x								Prc
Waiver	Raymond	7/1/00	5/26/04		-294	x	x								Sch
P/FDS	Linda	1/1/00	1/1/04		-148		x								Fbn
P/FDS	Theresa	1/1/00	11/12/03		-98		x					x			Hle
P/FDS	Richard	10/26/01	9/26/03		-51		x			x					Krn
Waiver	David	10/1/92	7/19/04		-348		x	x			x				Lck
P/FDS	Donna	1/1/00	10/28/03		-83		x							x	Prc
Waiver	Shonna	1/1/97	6/25/03	42			x					x			Snk
P/FDS	David	1/1/00	7/23/04		-352		x								Snk
Waiver	Shannon R	8/25/97	11/10/03		-96		x			x					Snk
P/FDS	Beth	3/19/01	7/11/03	26			x			x					Spr
P/FDS	Theresa	4/22/02	2/11/04		-189					x					Fbn
Waiver	David	1/1/97	12/17/03		-133						x	x			Rng

Blair County PA Quality
2004

Agency Managers use this to:

- Assign workloads for other staff
- Check in on what the barriers are, help address them
- Measure the performance of their own staff
- Work with program specialists on time management and prioritizing tasks.
- Demonstrate partnership

Sorted

by

Plan of Care Date

8/5/2004

248

Fund	First Name	Waiver Program Start Date	Plan of Care Date	Past-Due Plan Days	Days Until Plan Is Due	Skills Residential	Skills Day Program	Central Blair Rec	Crossroads	ACEL	FSOBC Residential	FSOBC Day Program	Canalways	TASK	Support Coordinator
Waiver	Heather	1/21/02	4/7/03	121		x	x								FBN
Waiver	Clark	2/18/94	6/24/03	43		x	x					x			LVT
Waiver	Shonna	1/1/97	6/25/03	42			x					x			SNK
P/FDS	Beth	3/19/01	7/11/03	26			x			x					SPR
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P/FDS	Donna	1/1/00	10/28/03		-83		x							x	PRCL
Waiver	Shannon R	8/25/97	11/10/03		-96		x			x					SNK
P/FDS	Theresa	1/1/00	11/12/03		-98		x					x			HLE
Waiver	David	1/1/97	12/17/03		-133						x	x			RNG
P/FDS	Linda	1/1/00	1/1/04		-148		x								FBN
P/FDS	Theresa	4/22/02	2/11/04		-189					x					FBN
Waiver	Raymond	7/1/00	5/26/04		-294	x	x								SCRF
Waiver	David	10/1/92	7/19/04		-348		x	x			x				LCK
P/FDS	David	1/1/00	7/23/04		-352		x								SNK

Blair County PA Quality Project
2004

System Managers have used this to:

- Communicate the importance of plans
- Clearly communicate expectations
- Demonstrate partnership – we are all responsible for this, how can we help?
- Hold themselves accountable.
- Create fact based measures of system performance – give tangible demonstration of performance

Steps in Our Learning

- **Proof of the Need**
Project Identification
 - **Organizing for Improvement**
 - **Diagnostic Journey**
 - Remedial Journey
 - **Holding the Gains**
(Cultural Resistance to Change)
- What has been working?
 - How will we keep from falling behind again?
 - What has changed in our culture?

Other Lessons Learned

- Targeting the top 6 plans
- Asking what barriers are created by our own perceptions or practices.
- Role of Process Owner is critical
- Documenting processes, and involving the people who do the work day to day is a “must do”, not an option
- Leadership must value the work

Next Steps

Blair County PA Quality Project
2004

Checklist

for

ISP Contents Quality

Blair County PA Quality Project
2004

What Message Were We Sending?

- Is due date all that matters?
- Leading Up – listening to the people who do the work, and demonstrating respect and trust
- Is it really impossible to “measure” quality of plans? What is subjective, what isn't?

Reasons for Return to SC

Dates

Name/ ISP	Units Differ in Service Summary Section	Outcomes Not Reflected in Preference Section	Contents of Health & Safety	Frequency / Duration / Units	Info. missing from Service Summa ry	Demogra phic Info. Missing	Jargon/ PC Langua ge	Contents /Technic al Writing	Date Retrd to SC	Date Rec'd Back from SC		Date Approv ed	SC Name
Kim				X					7/1/04	7/8/04	7	7/8/04	Krn
Steph	X								7/8/04	7/12/04	4	7/12/04	Snk
Edna			X		X				7/8/04	7/20/04	12	7/20/04	Wte
David	x				X				7/13/04	7/20/04	7	7/20/04	Snk
Barb				X		X			7/15/04	7/20/04	5	7/20/04	Fbn
Robin							X		7/15/04	7/17/04	2	7/19/04	Lws
Liz				X					7/20/04	7/29/04	9	7/30/04	Cnr
Jim				X		X			7/20/04	7/27/04	7	7/27/04	Lvt
Cindy								X	8/4/04	8/05/04	1	8/05/04	Spr
Gene	x				X				8/4/04				Snk

Blair County PA Quality Project
2004

One Outstanding Teacher, Many Lessons

- Turned to a quality professional – Bob Scanlon and the Baldrige National Quality Program
- Standards:
 - Clearly communicate your expectations to people
 - Let them know how they are performing against the standard
 - Provide the support, guidance, etc. necessary to help them improve when necessary.