

# Resource Manual

**State of Tennessee  
Division of Mental Retardation Services  
2006**

**Quality Improvement Planning  
Resource Manual  
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# Section 1

## Introduction



## Quality Improvement Planning

This resource manual has been written as a basic “How To” guide to help providers of services to develop effective quality improvement planning processes. It can be used as a stand alone resource, however, some providers will find it helpful to use in conjunction with hands on guidance. Engaging in quality improvement planning is an experiential process and at times can be more easily accomplished within the framework of a mentoring relationship.

We have attempted to address the most critical issues to include Individual Planning and Implementation, Health and Safety, Service Recipient Satisfaction and Adequate Resources. By no means does this manual include a comprehensive overview of all compliance requirements. The most effective quality improvement planning addresses the agency’s mission and all domains identified in the DMRS Quality Assurance Survey Tool.

Often times quality improvement planning is solely viewed as a reactive process that occurs in response to external monitoring. There may be occasions when this is indeed the case, however, a more proactive approach to quality improvement planning can help providers answer the questions:

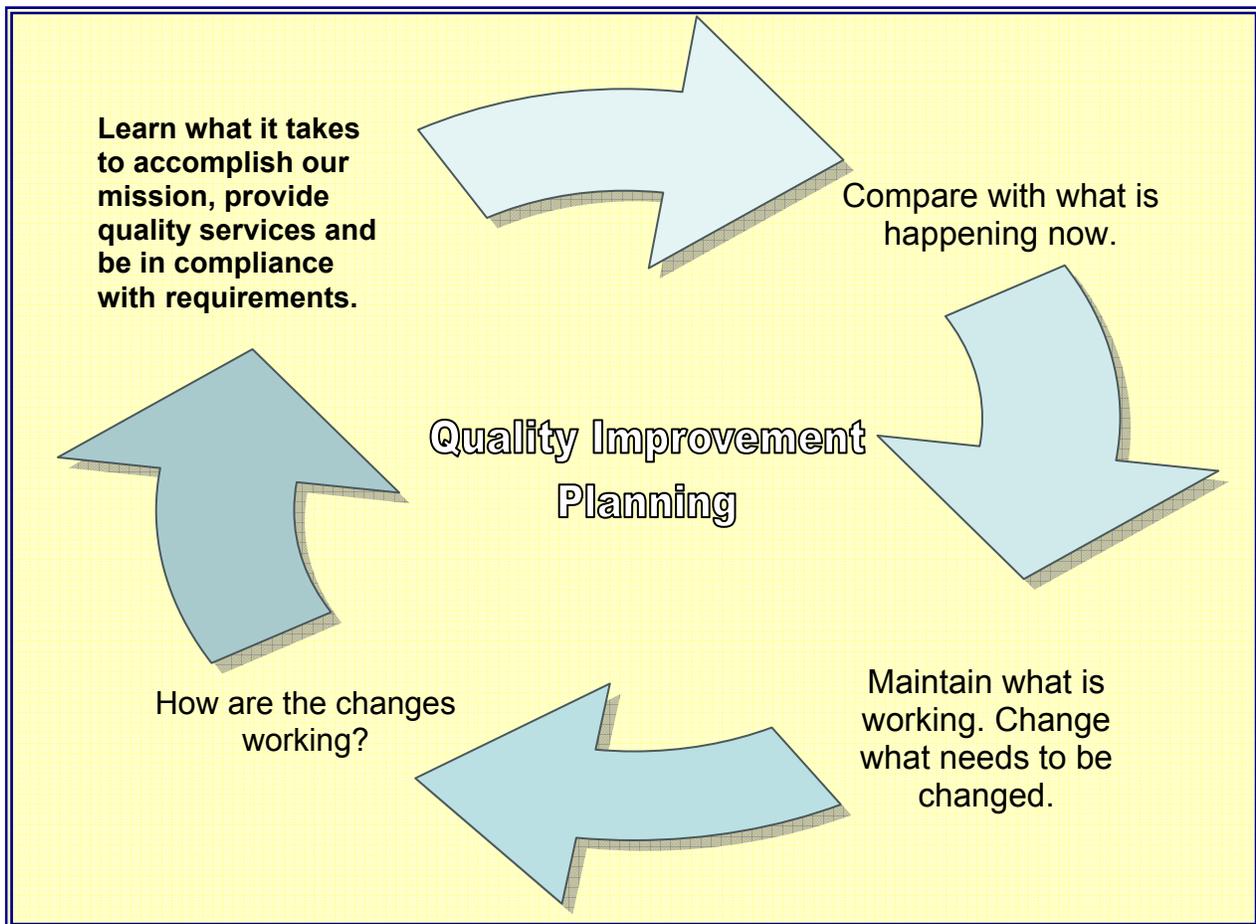
- Are we accomplishing what is stated in our mission statement?
- Are we delivering quality services?
- Are we in compliance with requirements?

The Quality Improvement Plan (QIP) grows out of self-assessment. The most effective planning processes include ongoing self-assessment practices as well as a comprehensive annual self-assessment using the DMRS Quality Assurance Tool on a sample of people receiving services.

It is vitally important that the completed plan not be considered the final outcome, but instead be viewed as the agency guide to the ongoing provision of quality services. It is also important to note that the development of precise, measurable action steps is a key component to quality outcomes being accomplished. Finally, it is good practice to make sure there are regular opportunities to review how things are going, in a systematic and responsive manner.

This resource manual is designed to be a practical nuts and bolts guide. It is recognized that no provider will be absolutely perfect in any given point in time; however, developing and implementing quality improvement planning processes can help ensure timely identification and resolution of issues.

The diagram below illustrates the Quality Improvement Planning process. Very simply, it is a method of continuously examining processes and making them more effective.



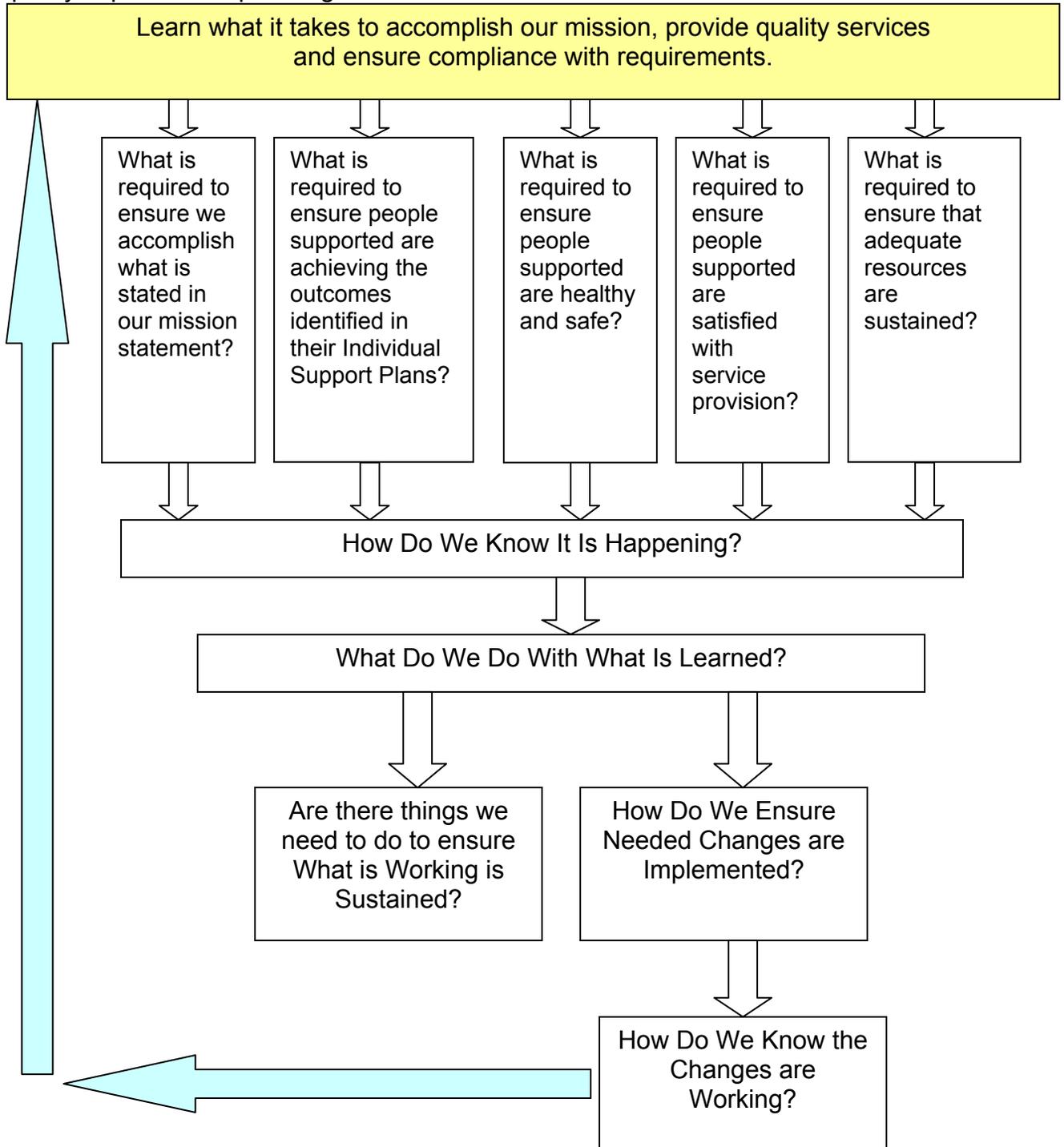
(Diagram adapted from the Learning Community of Essential Lifestyle Planning Materials)

One of the first steps of quality improvement planning is to clearly and precisely define the desired outcomes. Next, the development and implementation of self-assessment processes can help providers know how they are doing in reaching their outcomes. This typically requires the routine collection of data that is useful and measurable. Planned opportunities to review the data are critical so that potential systemic problems can be identified and addressed. An integral piece of this step includes the development of specific, measurable, action steps. It is also important that there are planned learning opportunities to see if the completed actions had the desired affect (e.g. Have we solved the identified systemic problem?).

In summary; this resource manual will outline these key components of quality improvement planning. Examples to demonstrate the concepts will be provided; however, they are not intended to be prescriptive.

Provider Manual References: 6.6.c, 6.6.d

Because Quality Improvement Planning is concerned with making the *process* better (verses blaming individuals), it requires agencies to understand the core processes in providing quality services and assuring compliance with requirements. The diagram below outlines a suggested format to get started with quality improvement planning:



# Section 2

Ensuring People Supported are Achieving  
the Outcomes Identified in their  
Individual Support Plans



Quality Improvement Planning

Ensuring people supported are achieving the outcomes identified in their Individual Support Plans begins with understanding the requirements. Compliance with requirements and the provision of quality services should ultimately be the same thing. The next step of good quality improvement planning involves identifying the specific elements which demonstrate requirements are being met. The following flow chart outlines the initial steps as related to ensuring people supported are achieving outcomes.

Learn what it takes accomplish our mission, provide quality services and ensure compliance with requirements.

What is required to ensure people supported are achieving the outcomes identified in their Individual Support Plans?

1. The person's record is complete and their plan is present in the home or day service site and implemented in a timely manner.
2. The person receives services and supports as specified in the plan.
3. Provider staff are knowledgeable about the person's plan.
4. Provider documents provision of services and supports in accordance with the plan.
5. Provider documentation indicates appropriate monitoring of the plan's implementation.
6. The provider informs the ISC of emerging risk issues or other indicators of need for revision to the individual plan.

How Do we Know It is Happening?

1. Staff Instructions have been developed and implemented.
2. Staffing plans have been developed and implemented.
3. Supervision Plans are developed to ensure staff acquires the training and skills to meet performance expectations and to implement plans.
4. Processes are in place for updating service recipient records in a timely manner.
5. Ongoing documentation is present that shows the provider's efforts to implement services and supports in accordance with the person's plan.
6. Progress towards reaching outcomes is documented in a comprehensive monthly review and shared with the ISC.  
Reviews also include:
  - a. Name of service recipient
  - b. Dates of services provided
  - c. Service recipient's response to the service
  - d. A description of any changes intended to alter the provision of direct support services since the previous month including the reasons such alterations were made.
  - e. Any recommendations for changes in the ISP
  - f. Any significant health-related events
  - g. Signature and title of person completing the review.
7. Documentation of any emerging risk issues or other indicators of need for revision of plans is present and shared with the ISC.

Provider Manual Reference: 3.17, 3.17.a, 3.18, 3.18.a 1-7,6.6.f, 6.11, 9.8, 7.2.b, 8.2, 8.2.a, 8.3.b, 8.7, 8.7.a, 8.10, 9.4, 9.8.b, 10.4, 10.4.d, 10.6.c, 11.2.c.7, 11.2.d.17,12.3.e.3,4,6

Ongoing Quality Improvement Plans should primarily focus on systemic issues; however, significant individual issues should be addressed along the way. Thus, the next steps to ensuring people supported are achieving the outcomes identified in their plans includes defining the processes and mechanisms in place to ensure what needs to happen is actually happening for everyone supported. A suggested format follows:

What Do You Want To Know?	What is Required?	How do you gather the information?	How do you ensure follow through?
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For example, a smaller agency might use the following processes to gather information and ensure follow through:

What Do You Want To Know?	What is Required?	How do you gather the information?	How do you ensure follow through?
Is there appropriate monitoring of the Individual Support Plans?	Comprehensive monthly reviews are completed.	The Managers submit completed reviews to the Director of Residential Services by the 10 <sup>th</sup> of each month.	The Director of Residential Services tracks timeliness of completion and reads the reviews to check that all required information is included. Written feedback and suggestions is provided to the Managers.
Are Direct Support Professionals (DSP) knowledgeable about the plan?	Staff have received training specific to the person’s individual needs, interventions and programs and are knowledgeable about any responsibilities they have to carry out related to activities identified in the plan.	Managers complete the agency “Training Specific to the Needs of the Individual” form each time they provide this training to a DSP. Completed form is submitted to the agency Training Coordinator.	The Training Coordinator ensures all completed training is input on the centralized agency Training Tracking Spreadsheet. An overdue training report is generated weekly and forwarded to the Director for follow-up.

Provider Manual Reference: 3.17, 3.17.a, 3.18a, 6.6.c, 6.6.d, 6.11, 7.2b 10.6c

The most effective Quality Improvement Plans are designed to include processes that are both proactive and reactive. Providers need to ensure they have mechanisms in place that maximize the probability of meeting the expectations of DMRS and other stakeholders. In addition, it is good practice to have processes in place that ensure prompt response to problems, both individual and systemic, when they are identified.

Although external quality assurance and improvement processes are important, they should not be considered the cornerstone for making sure quality services are provided. Quality can not be inspected in! Instead, the provider might want to have an internal mechanism that promotes ongoing opportunities to act on what is learned. Thus, an additional component of good Quality Improvement Planning builds in opportunities for continual learning and improvement. The following table outlines a proactive approach to ongoing quality improvement planning:

What Do You Want to Know?	What Is Required?	How do You Gather the Information?	How Do You Ensure Follow Through?	How do you determine what is working and what is not working?	How do you decide what actions need to be taken?
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More often than not the provider has the expertise to determine what is working and what is not working. One technique of self-assessment includes pulling together key staff and other stakeholders and collectively answering the following four questions:

- What have we tried?
- What have we learned?
- What are we pleased about?
- What are we concerned about?

These questions can be a useful way to gather staff's collective learning in a way that leads to answering the fifth question:

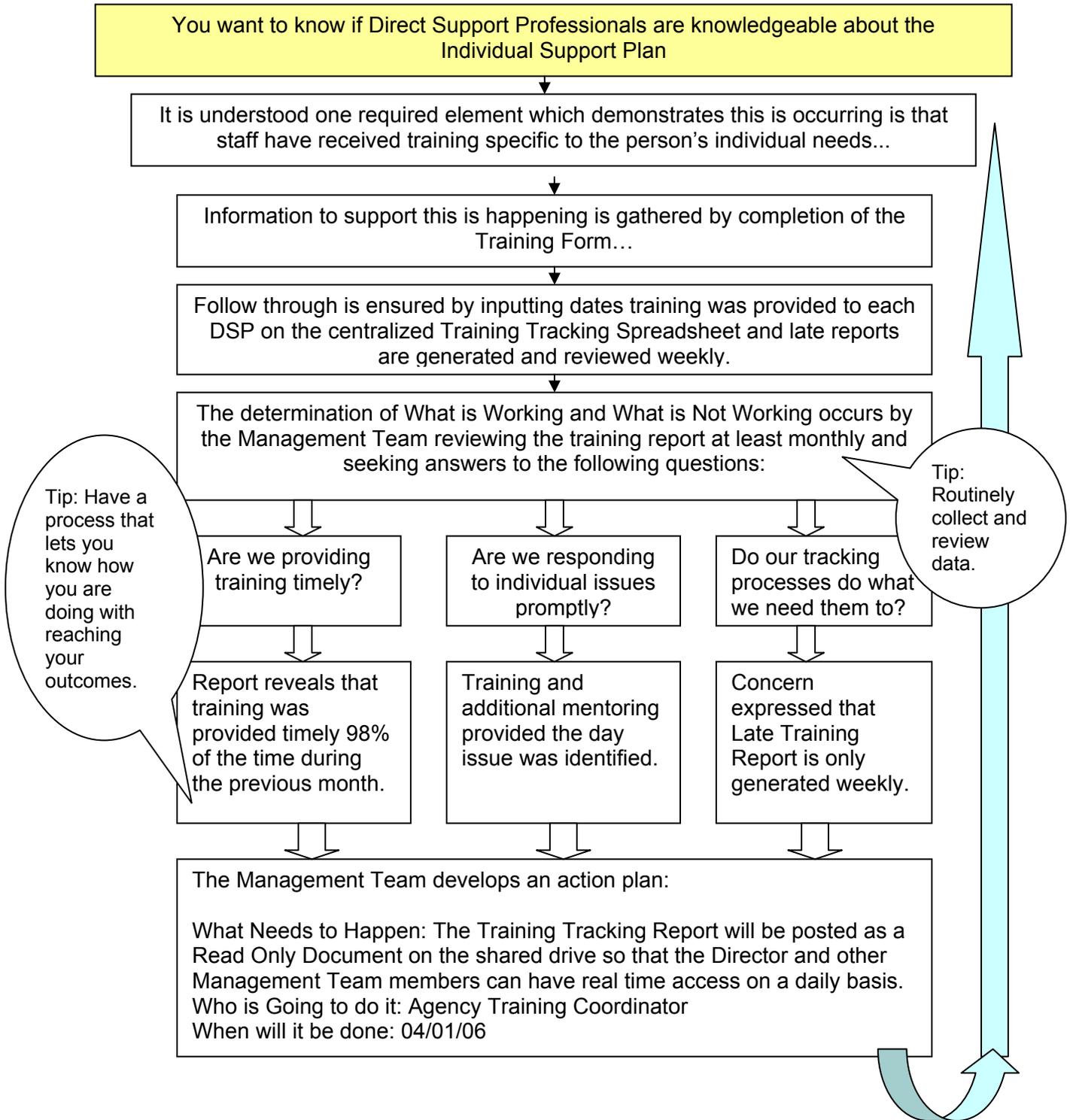
- Based on what we know, how should we move forward?

(This technique has been adapted from The Learning Community of Essential Lifestyle Planning materials.)

It is important to note that effective self-assessment processes include the collection of data that is useful and measurable and helps identify whether or not desired outcomes are being reached. Planned opportunities to review the data are critical so that potential systemic problems can be identified and addressed.

Developing specific action steps that identify what needs to happen, who is responsible and when it will be done can help ensure ongoing quality improvement. Planning in a way that promotes immediate successes while also tackling more complex, systemic changes is ideal. Finally, it can often minimize confusion if one central plan is developed which incorporates all the ongoing learning.

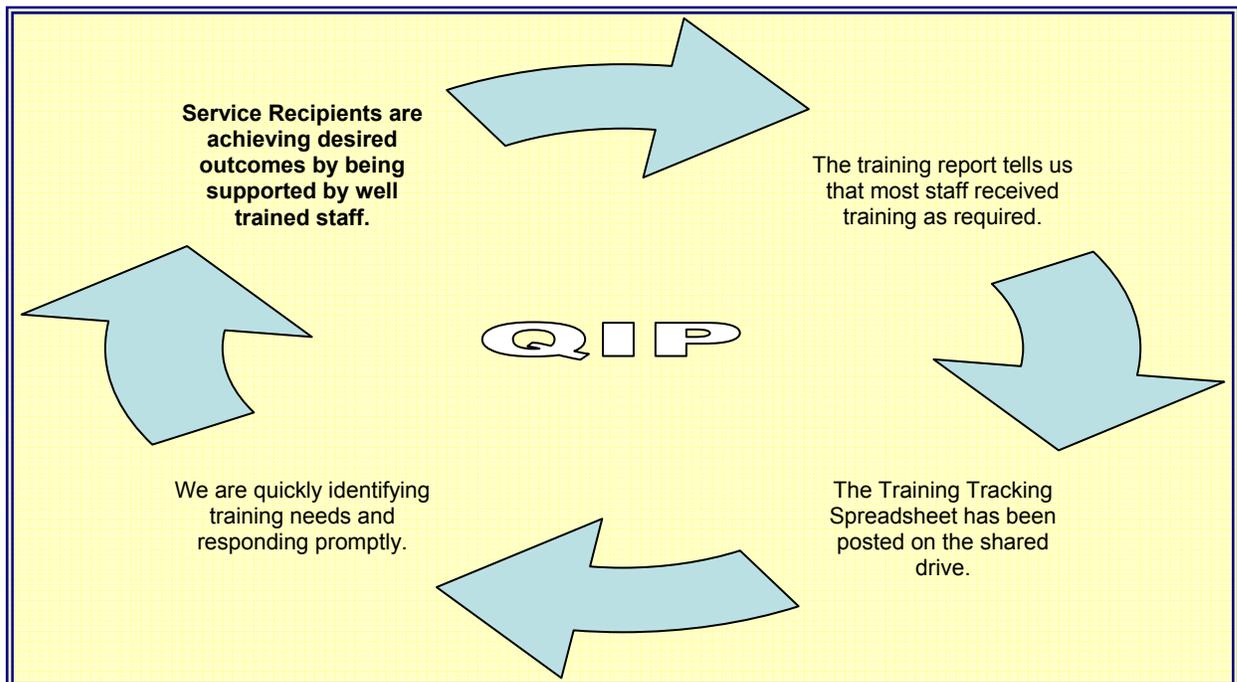
To build on the earlier example:



The examples in this section of the Resource Manual are designed to try and demonstrate the presented concepts. They are built on the supposition that Person Centered Individual Support Plans have been developed that address what is important to people supported within the framework of health and safety. It is also recognized that ensuring people supported are achieving the outcomes in their Individual Support Plans is far more complex than just making sure staff receive training and that Managers complete monthly reviews. The most effective quality improvement planning will address all the elements that demonstrate requirements are being met.

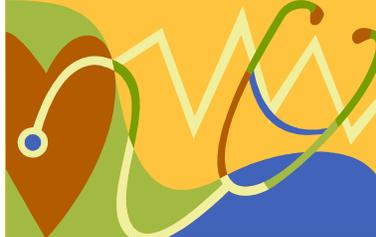
It is important to note that the examples demonstrate a proactive, internal quality improvement planning process to identify what is working and what is not working and subsequent action planning. There are certainly going to be occasions when non-compliance with requirements is identified through external processes (DMRS QA Reviews, TEA reviews, etc.) However, if the provider engages in thoughtful, ongoing quality improvement planning, these occurrences should be far less frequent. It typically is much less of a concern when problems are identified by an external source when it is clear the provider has effective mechanisms in place to identify and successfully respond to issues of noncompliance.

To summarize the earlier example:



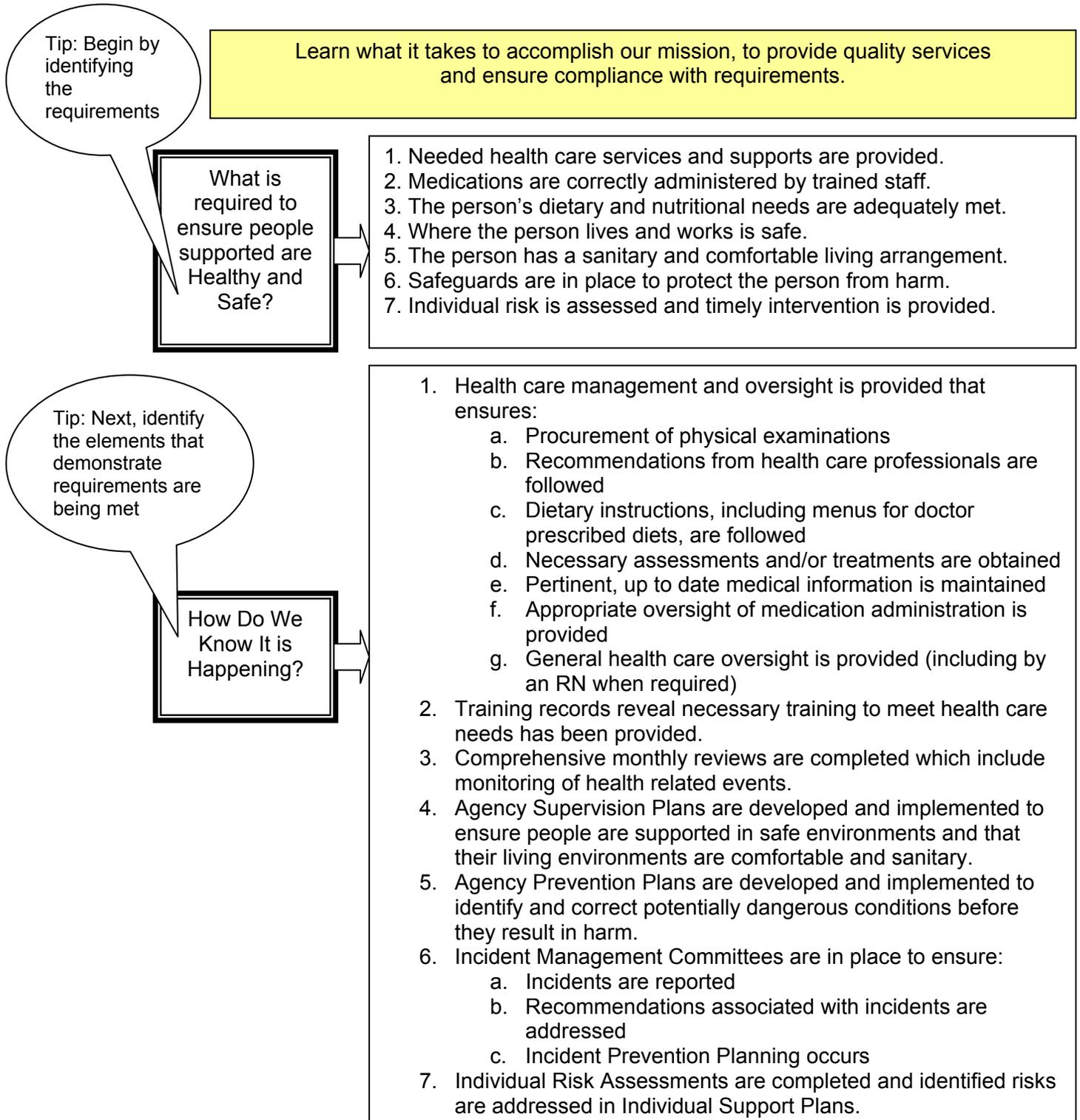
# Section 3

Ensuring People Supported are  
Healthy and Safe



Quality Improvement Planning

The approach to good quality improvement planning referenced in section two can easily be applied to ensuring people supported are healthy and safe.



Provider Manual Reference: 3.9, 3.9a-b, 6.5.8, 7.9, 11.2, 11.2.a, 11.2.c-d, 11.6.a-d, 11.7, 11.7.a-b, 11.8, 11.8.a-e, 11.13, 11.13.a-b, 18.2, 18.2.a-b, 18.4.a, 18.6.a-l,

Using the same suggested format, it is critical that effective mechanisms are in place to ensure people supported are healthy and safe.

Tip: Define how you know what needs to happen is actually happening for everyone supported

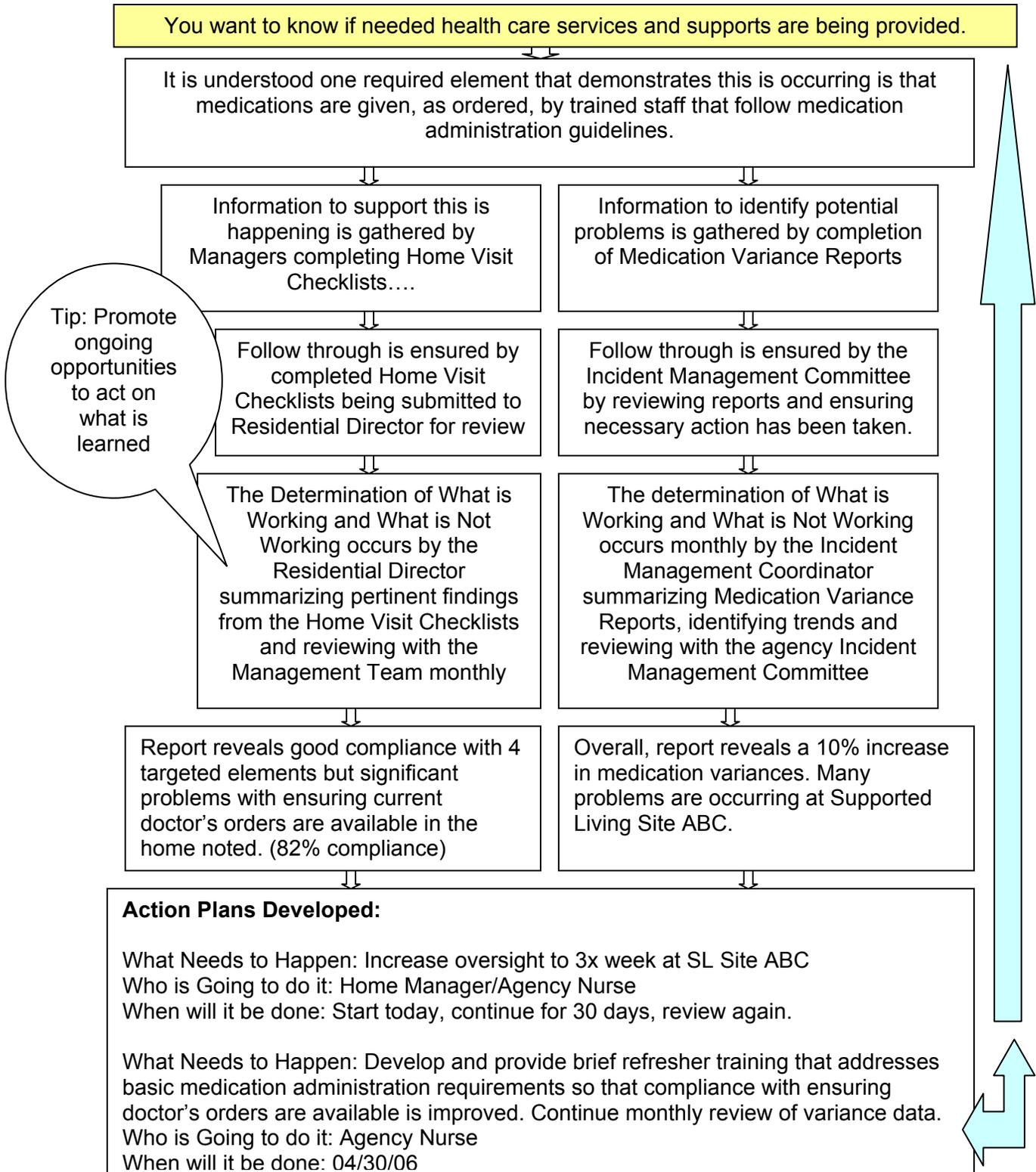
Several examples follow to illustrate this concept:

<b>What Do You Want To Know?</b>	<b>What is Required?</b>	<b>How do you gather the information?</b>	<b>How do you ensure follow through?</b>
<p>Are needed health care services and supports being provided?</p>	<p>Physical examinations are procured.</p> <p>Recommendations from health care professionals are followed.</p> <p>Up to date medical information is maintained.</p>	<p>Managers complete monthly reviews by the 10<sup>th</sup> of each month. The agency format has a health section that includes tracking:</p> <ul style="list-style-type: none"> <li>*Date physical is next due</li> <li>*Date dental is next recommended</li> <li>*Date TD screening next due</li> <li>*Dates of recommended assessments next due (mammogram, colonoscopy, etc)</li> <li>*Date reports received from attending physicians</li> <li>*Monitoring of health care outcomes</li> </ul> <p>This section helps ensure appointments and recommendations are not overlooked.</p>	<p>By the 15<sup>th</sup> of each month, The Director of Residential Services reads the reviews to ensure medical needs are being monitored. Written feedback and suggestions to address barriers is provided to the Managers.</p>
<p>Is where people live safe?</p>	<p>Agency supervision and prevention plans are developed and written to ensure living environments are comfortable and sanitary.</p>	<p>Managers complete weekly summary of announced and unannounced visits.</p> <p>At least monthly, a home visit check list is completed which includes the following components:</p> <ul style="list-style-type: none"> <li>*Is the home clean?</li> <li>*Do smoke and carbon monoxide detectors work?</li> <li>*Are fire drills completed and documented?</li> <li>*Is available food fresh and safe to eat?</li> </ul> <p>Any item marked “no”, requires documented follow up.</p> <p>At least twice a year, a more comprehensive review of home safety inspection is completed.</p>	<p>Home visit tracking form is completed and submitted to the Residential Director weekly for review and follow up.</p> <p>Home Visit Check lists are submitted to the Residential Director monthly. Unresolved issues are discussed at the management team meeting and action plans developed.</p>

<b>What Do You Want To Know?</b>	<b>What is Required?</b>	<b>How do you gather the information?</b>	<b>How do you ensure follow through?</b>
<p>Are needed health care services and supports being provided?</p>	<p>Medications are given as ordered and trained staff that follows medication administration guidelines document administration.</p>	<p>Per agency supervision plan, Managers complete at least 3 unannounced visits per month at which time they check to ensure compliance.</p> <p>Managers complete Supervision/Mentoring visit report for assigned case load weekly.</p> <p>At least once a month (more often when problems have been identified), Managers complete a Home Visit Check List which includes the following five targeted components:  *Are there current doctor's orders readily available?  *Is the MAR correctly transcribed?  *Do the labels match the MAR and the doctor's orders?  *Has staff documented correctly?  *Is there an adequate supply of medication on hand?  Any item marked "no" requires immediate, documented follow up.</p> <p>Medication variance reports are completed and submitted to the Incident Management Coordinator</p>	<p>Supervision – Mentoring Report forms are submitted to the Residential Director weekly for review and follow up.</p> <p>Home Visit Check Lists are submitted to the Residential Director monthly for review.</p> <p>The Incident Management Committee reviews Medication Variance Reports, Trend data and plans for needed changes.</p>

Please note the examples are not intended to prescribe specific processes. Each provider will develop their own internal processes to ensure compliance with requirements that support people in being healthy and safe.

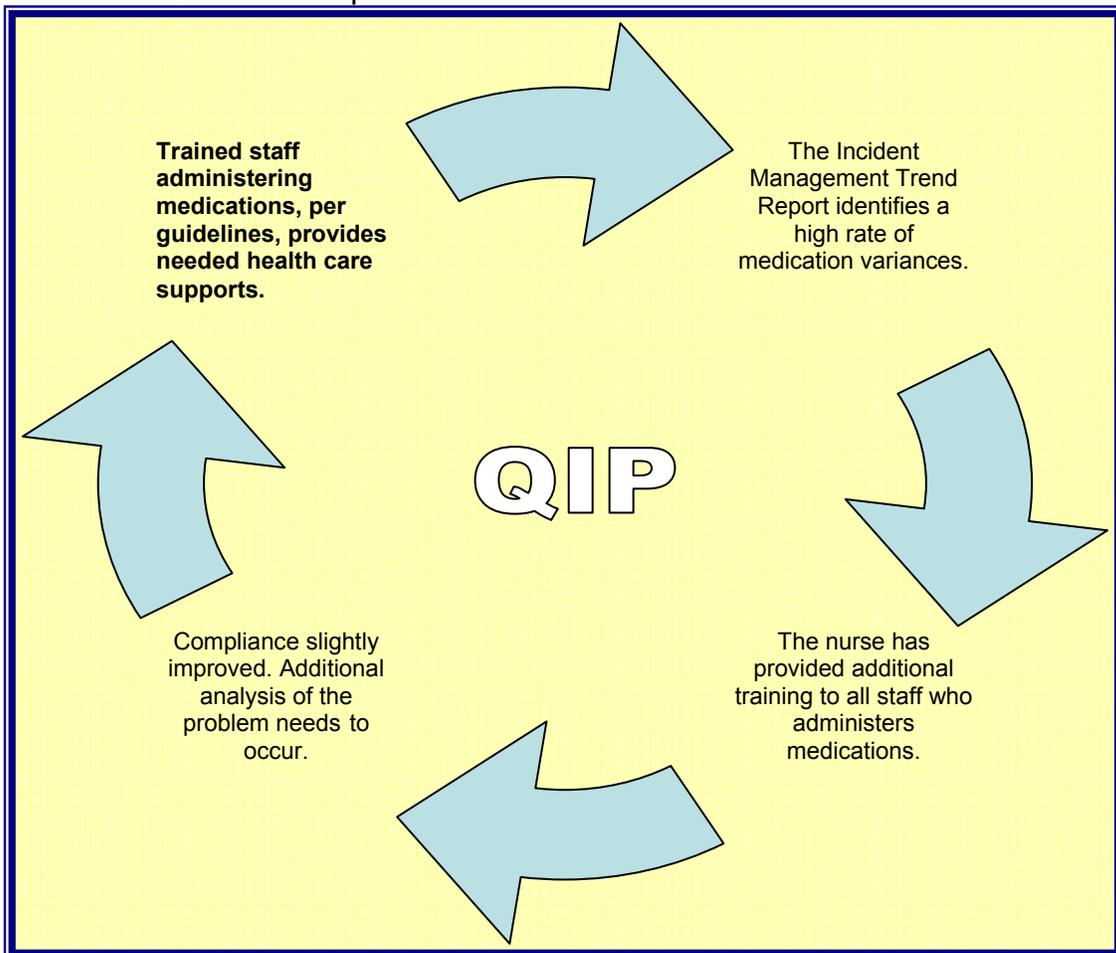
To ensure follow through, implemented processes and mechanisms to gather information should be continually reviewed and revised as needed. As demonstrated in the following example, action steps should focus on systemic issues but should also ensure prompt resolution to identified individual problems.



In the preceding example, the management team reviewed the data and learned they were not satisfactorily meeting their desired outcome of ensuring needed health care services and supports were being provided. Specifically, analysis of the trended data presented by the Incident Management Coordinator revealed an increase in the number of medication variances.

The management team further analyzed the data and discovered that many of the variances were occurring at one home, thus specific action steps to increase monitoring at this site were developed. However, it was clear this did not fully account for the increase in medication variances. Review of the monthly summary report of home visit checklist findings revealed poor compliance with ensuring doctor's orders were available in the home. The management team agreed that one possible cause for the increase in medication variances could be related to not meeting this compliance requirement. Thus, an additional action step was written to develop and provide training to all staff administering medication.

To summarize this example:



Since the agency in this example had processes in place to routinely review how they were doing they could easily determine if the actions they took worked. As noted in the example, some improvement occurred after the actions were implemented; however, the noted decrease in the number of medication variances was not satisfactory.

It is not unusual to encounter challenges when trying to discover underlying causes of why problems occur in the delivery of quality services. At such times, using structured approaches such as Root Cause Analysis (RCA) and Failure Mode Effect Analysis (FMEA) may be helpful. RCA is a retrospective analysis of an actual event, while FMEA is a prospective analysis of a new system, process, procedure or device.

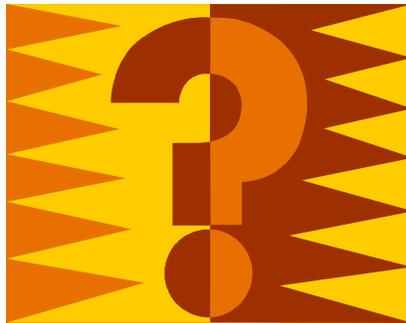
Dr. Staugaitis summarizes Root Cause Analysis as an “exploration of CAUSE and EFFECT relationships. It requires a thorough review and analysis of human factors, organizational and support systems and the formal and informal processes that guide the actions of people within the organization. Once causative factors are identified, the process is repeated to uncover potential solutions and improvements to the system that can act as barriers and prevent future failures.”

Curtis Nolen summarizes Failure Mode Effect Analysis (FMEA) as a “systematic method of examining a process prospectively for possible ways in which failure can occur and then redesigning the process to eliminate the possibility of failure, stop the failure before it harms an individual, or minimize the consequences of the failure. It is a team based process related to a specific goal in improving organizational performance. In breaking down the terminology, Failure Mode refers to an individual way in which a process can fail; Effect is the results of the process failure; and Analysis is a rigorous examination of the process to identify failure modes and their effects, potential severity of those effects, the likelihood of occurrence and detection of failure modes, and ways to eliminate failure.”

Additional information regarding Root Cause Analysis and Failure Mode Effect Analysis is available in the appendix of this resource manual.

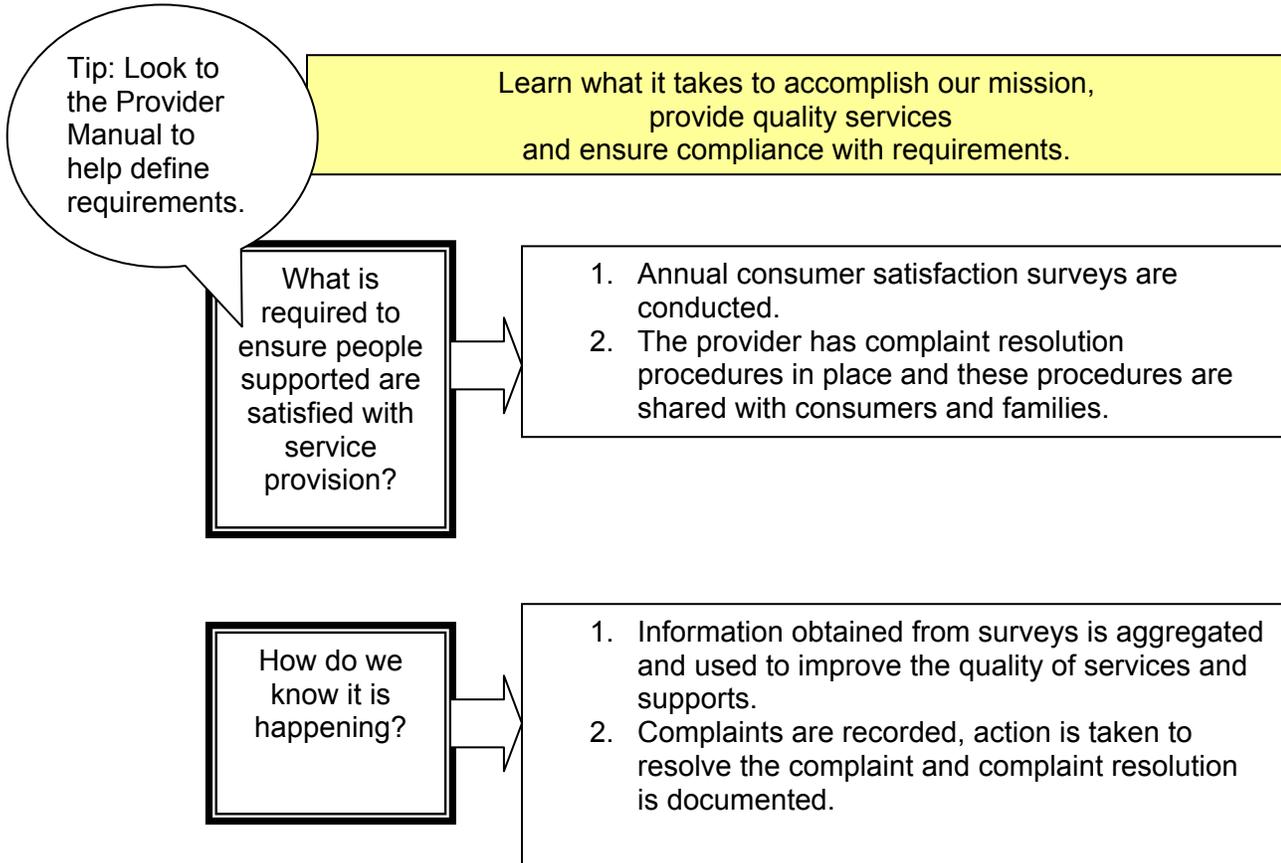
# Section 4

Ensuring People Supported are Satisfied  
with Service Provision



Quality Improvement Planning

The most effective quality improvement processes are customer focused and identify opportunities to seek feedback from service recipients and their families. Applying the same approach referenced earlier:



Assessing customer satisfaction can be a challenging endeavor and providers are encouraged to exceed the minimum requirements as identified in the provider manual. Annual satisfaction surveys that are mailed out can be helpful but sometimes the return rate is minimal. It is best if people supported, their families, and other stakeholders play a role in determining what questions will be asked on the survey.

It is good practice to assess consumer satisfaction on a more frequent basis. Several agencies have developed consumer advisory committees that provide ongoing feedback on how policies and procedures impact their lives and the quality of services they receive.

Provider Manual Reference: 2.10, 2.10.a-b, 19.7, 19.7.a

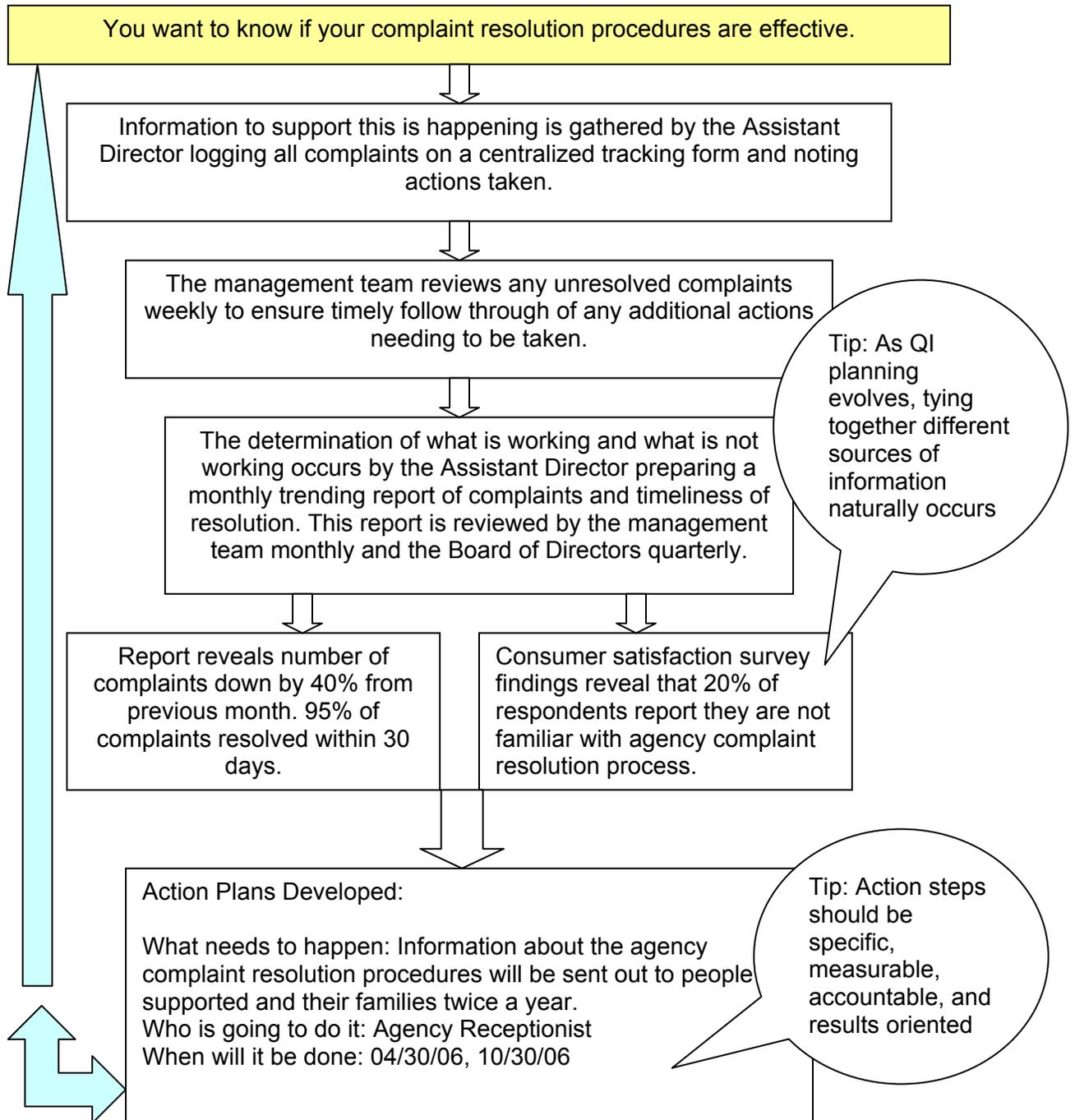
Making sure people supported are achieving the outcomes identified in their Individual Support Plans within the framework of health and safety is certainly paramount to assuring compliance with requirements. Of equal importance is making sure service recipients are satisfied with the services being provided. Michael Smull writes: “Happy and dead is incompatible...but alive and miserable is unacceptable.”

Using the format suggested earlier, examples follow:

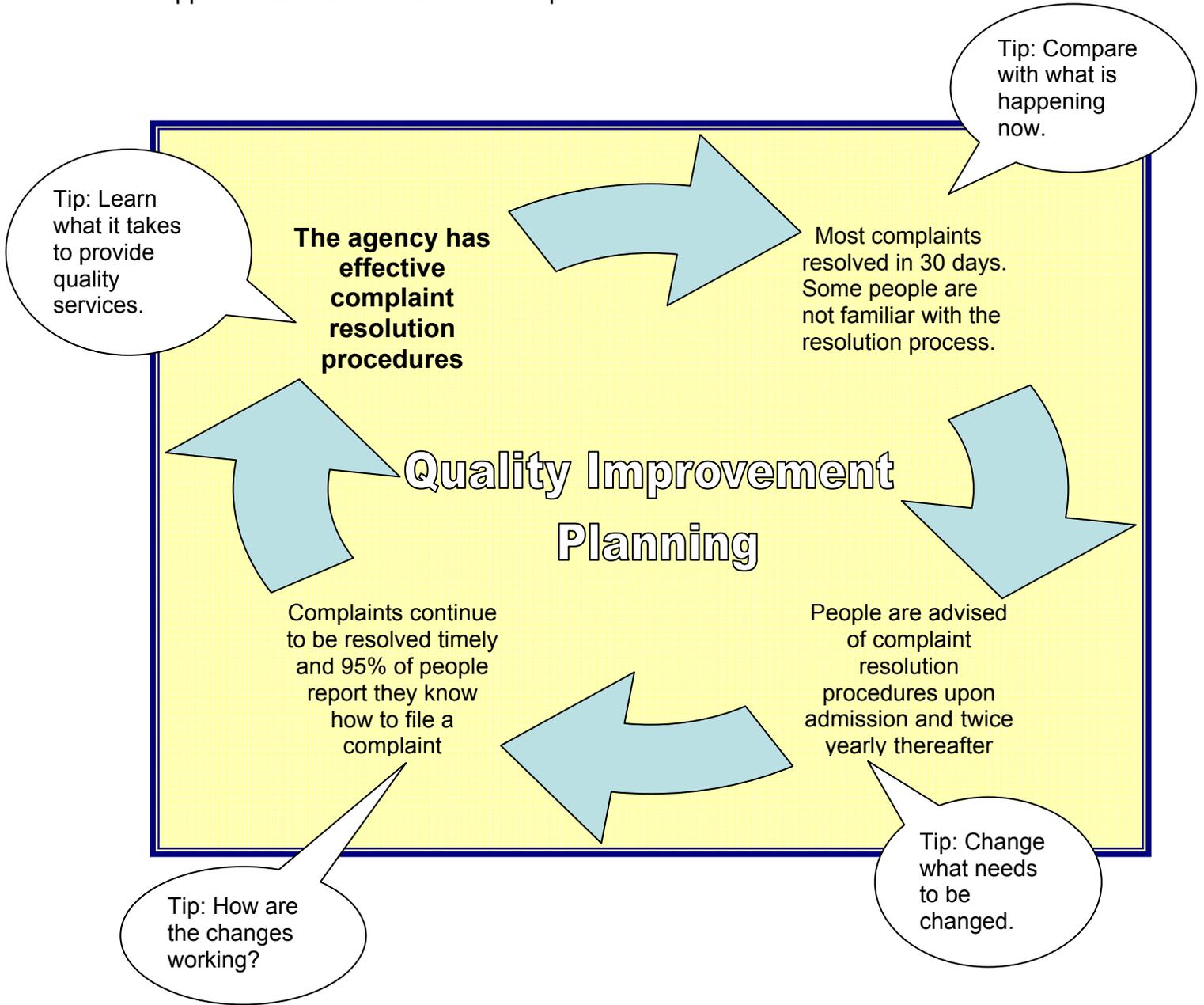
<b>What do you want to know?</b>	<b>What is required?</b>	<b>How do you gather the information?</b>	<b>How do you ensure follow through?</b>
Are people supported satisfied with the services we provide?	Annual consumer satisfaction surveys are conducted.	Satisfaction surveys are mailed out annually, SASE included, and returned to agency Assistant Director	Assistant Director aggregates the data and prepares graphs and narrative report for Management Team and Board review.
Is our complaint resolution procedure effective?	Complaint resolution procedures are in place and people supported/families are aware of how the procedure works.	The Assistant Director logs complaints on central tracking report and notes all actions taken to resolve complaints.	The management team reviews the complaint tracking report at least monthly.

Ideally, the provider might want to include the Board of Directors, key management team personnel, and stakeholder representatives in reviewing the findings of satisfaction surveys and collectively deciding what actions need to be taken next to address any identified concerns.

An example of the next step of quality improvement planning follows:



To summarize the example of having mechanisms in place to ensure people supported are satisfied with service provision:



# Section 5

Ensuring Adequate Resources  
are Sustained



Quality Improvement Planning

An essential component of quality improvement planning includes ongoing assurance that the agency has adequate resources to provide quality services.

Learn what it takes to accomplish our mission, provide quality services and ensure compliance with requirements.

What is required to ensure adequate resources are sustained?

1. The provider employs staff who meet requirements.
2. The provider maintains an adequate number of well trained staff.
3. Provider staff is mentored by responsive management.
4. The provider maintains supporting documentation for services billed.
5. The provider meets all requirements related to reimbursement of claims to maximize revenue.
6. Personal funds are well managed and accessible.
7. The Board of Directors provides fiscal oversight.
8. Adequate equipment is available for the provider to successfully conduct business.

Tip: Many providers access grants, DRS funding, etc.

How do we know it is happening?

1. Personnel policy and procedures are in place that assures employees have documented good references, completed criminal background checks and are not listed on the abuse registry.
2. Personnel records, staffing plans and agency organization chart reveal adequate numbers of staff are employed to ensure quality service provision.
3. Training records reveal that employees have received required training.
4. Policy and procedures are in place that assure people have access to their funds while ensuring accountability.
5. Supervision Plans are developed that assure staff understand their job responsibilities and have adequate support and ready access to assistance during emergencies.
6. Processes are in place to document service delivery for all services billed.
7. The provider has processes in place to maximize timely reimbursement of claims and to avoid being recouped or having financial sanctions and/or moratoriums imposed.
8. Independent Audits are completed as required.
9. Nonprofit Board Meeting minutes reveal quarterly review of financial statements and documented actions to resolve identified financial issues.
10. Prevention plans are in place to ensure the provision of safe transportation services.
11. There is an effective and responsive system in place that allows staff to communicate the need for emergency assistance.
12. The provider conducts business electronically.

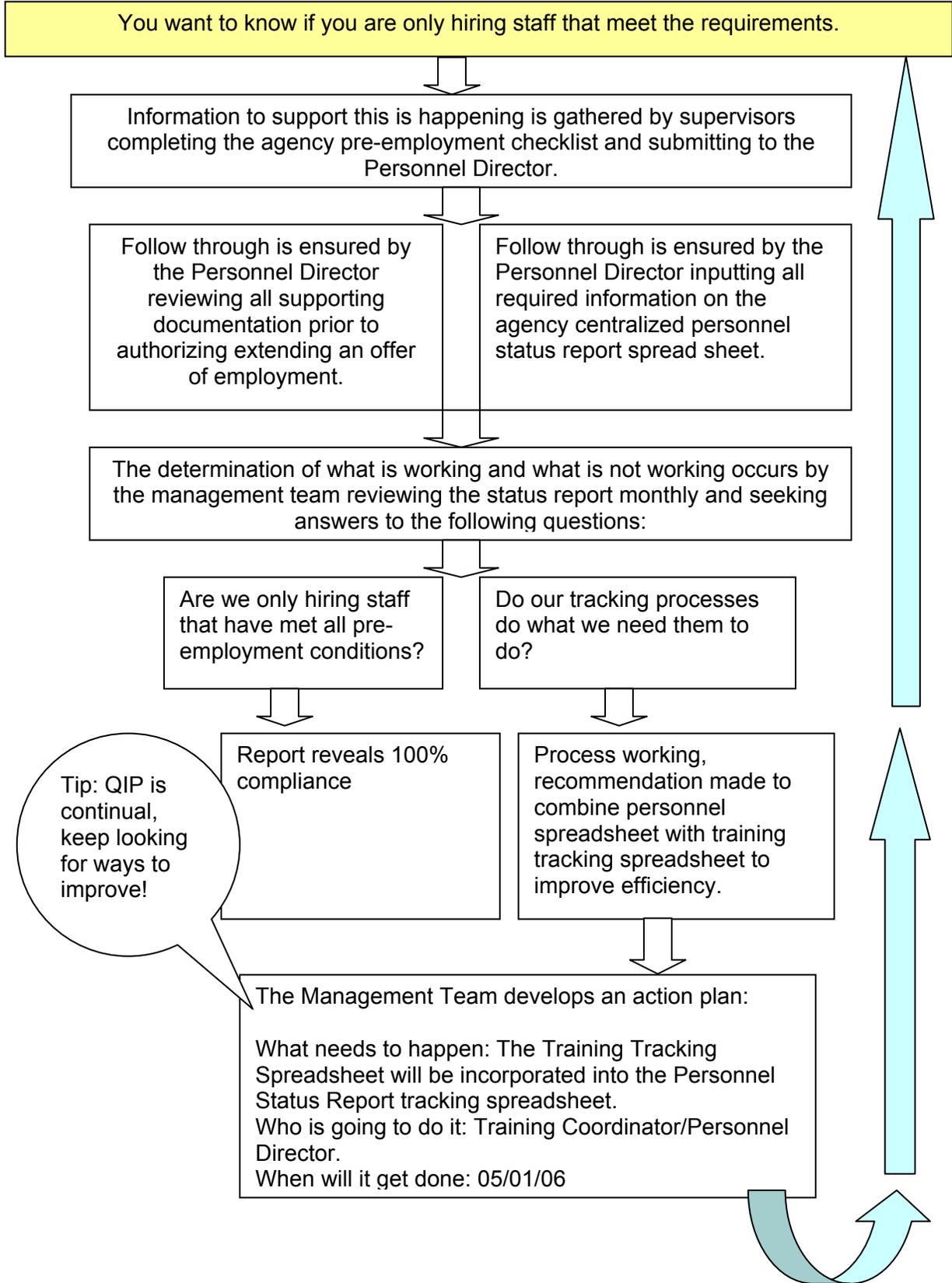
Provider Manual Ref: 6.3, 6.3.a-c,f&g, 6.6.a2 f, 6.7, 6.7.a, 6.8, 6.10.a-f, 6.13, 7.1,18.2.b, 20.3, 20.6.b, 20.7.a

As with the preceding requirements, making sure adequate resources are sustained calls for the development of processes to gather information and ensure follow through. Using the suggested format, examples follow:

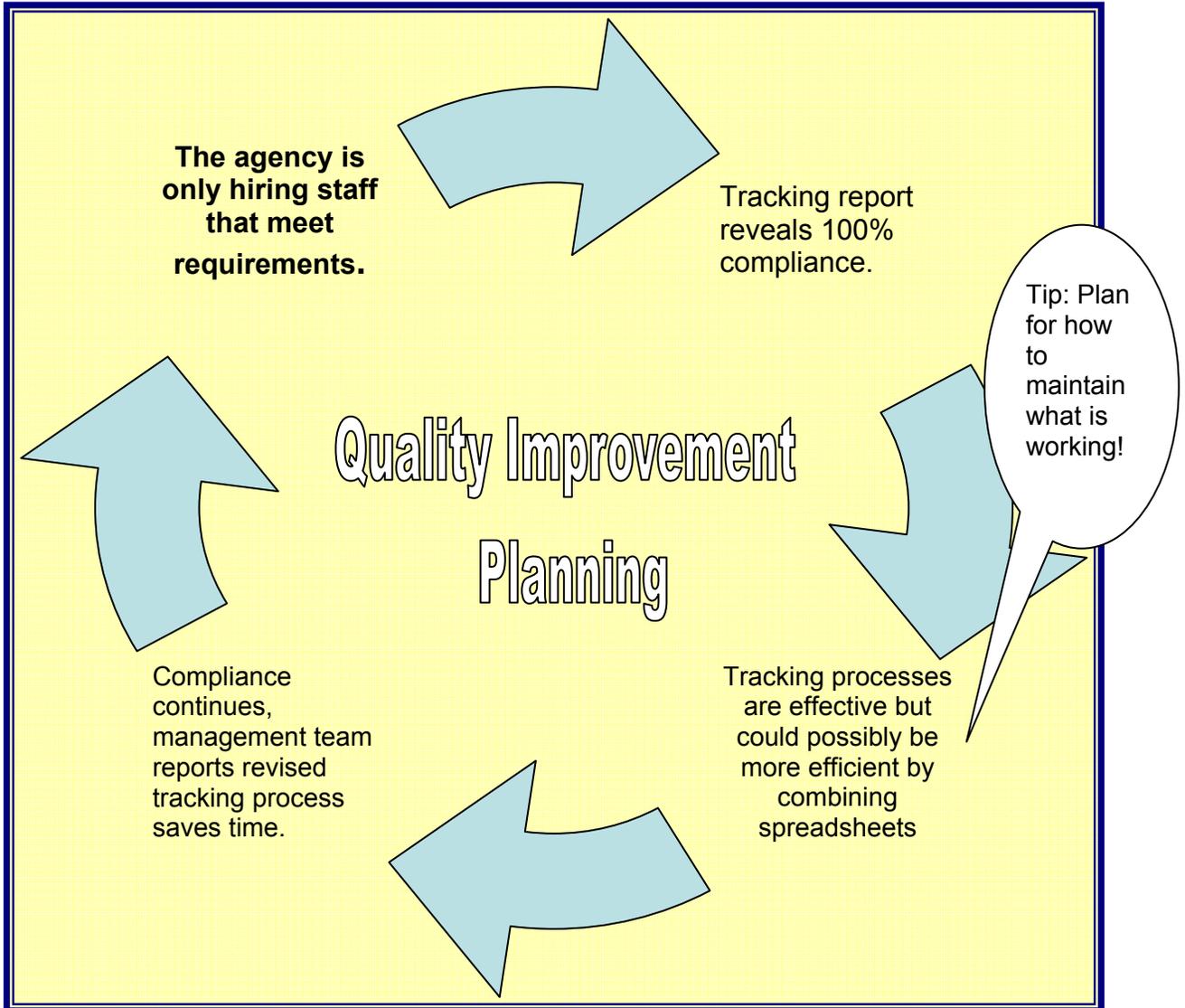
<b>What do you want to know?</b>	<b>What is required?</b>	<b>How do you gather the information?</b>	<b>How do you ensure follow through?</b>
Are we only hiring staff that meet requirements?	All employees have documented references, criminal background checks and are not listed on the state abuse registry.	Supervisors complete all components of the agency "pre-employment checklist" for prospective new employees and forward the checklist to the Personnel Director. The checklist includes: *Documentation of employment and personal references. *Copy of Abuse Registry findings. *Copy of Criminal Background and Driving Record Check *Copy of HS diploma *Copy of TB Tine Screening from Health Dept. * Copy of Driver's License *Documentation that family/consumer participated in the interview process	The agency Personnel Director reviews the checklist and supporting documentation and authorizes the offer of employment.
Are our revenues adequate to keep the agency solvent?	The Board of Directors provides fiscal oversight.	The agency Director and Financial Officer prepare monthly financial statements for the Boards' review. Statements include: *Revenue received *Expenses incurred *Review of line item projected revenue/expenses. *Review of actual line item revenue and expenses	Board Meeting Minutes summarize the fiscal review and identify any recommended actions to be taken. Previous months minutes are reviewed at subsequent meetings.

These examples are designed to try to demonstrate the concepts of quality improvement planning and are not intended to prescribe provider practice. It is recognized that sustaining a quality workforce and ensuring adequate revenues is much more complex than the demonstration examples.

An example outlining the complete quality improvement planning process follows:



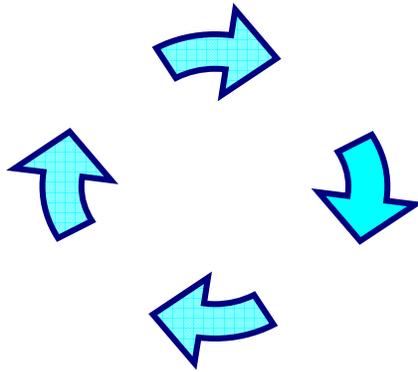
To summarize the preceding example:



As mechanisms are implemented to ensure the provision of quality services and compliance with requirements, it is important to plan for regular opportunities to review how things are working. The most effective quality improvement planning is not an annual event!

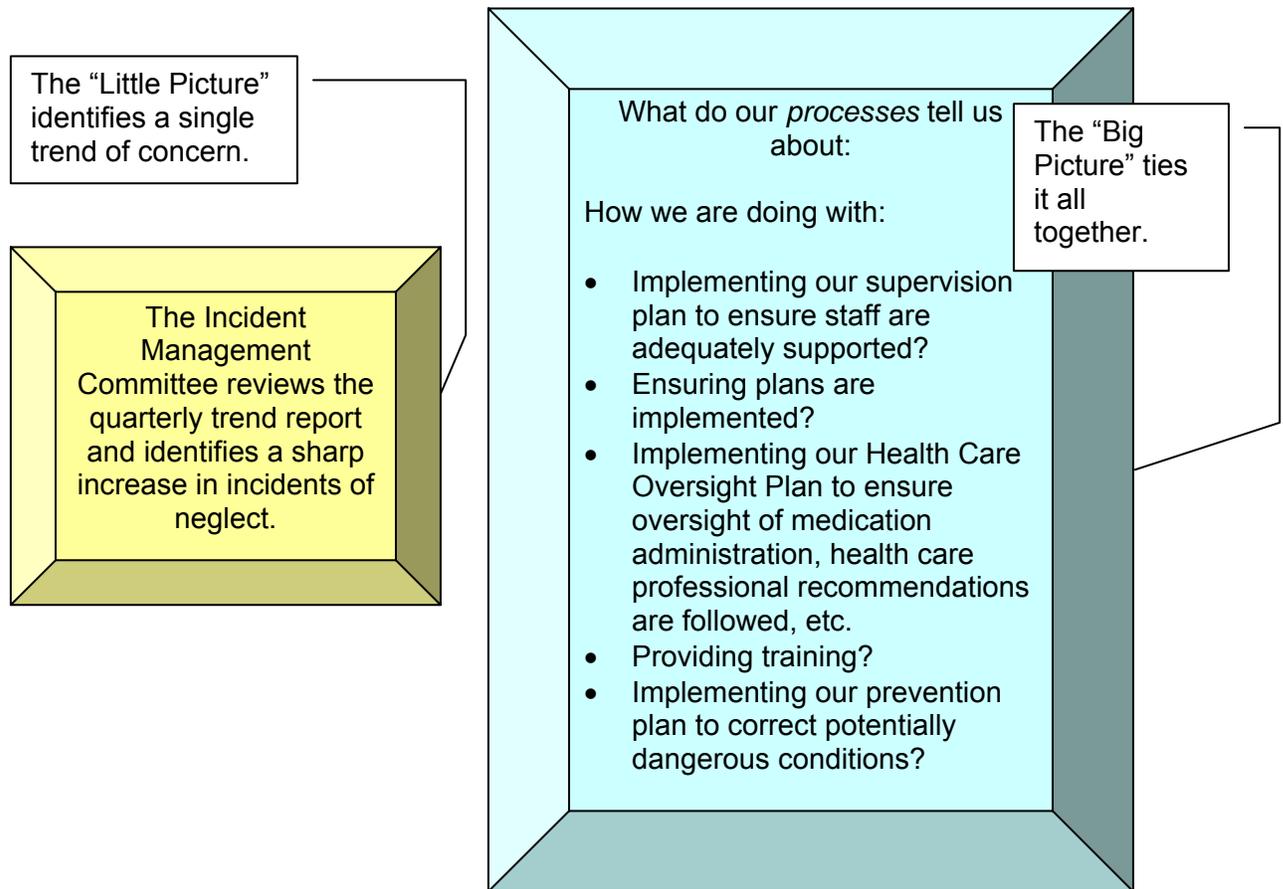
Tying it all  
Together

Summary Points



Quality Improvement Planning

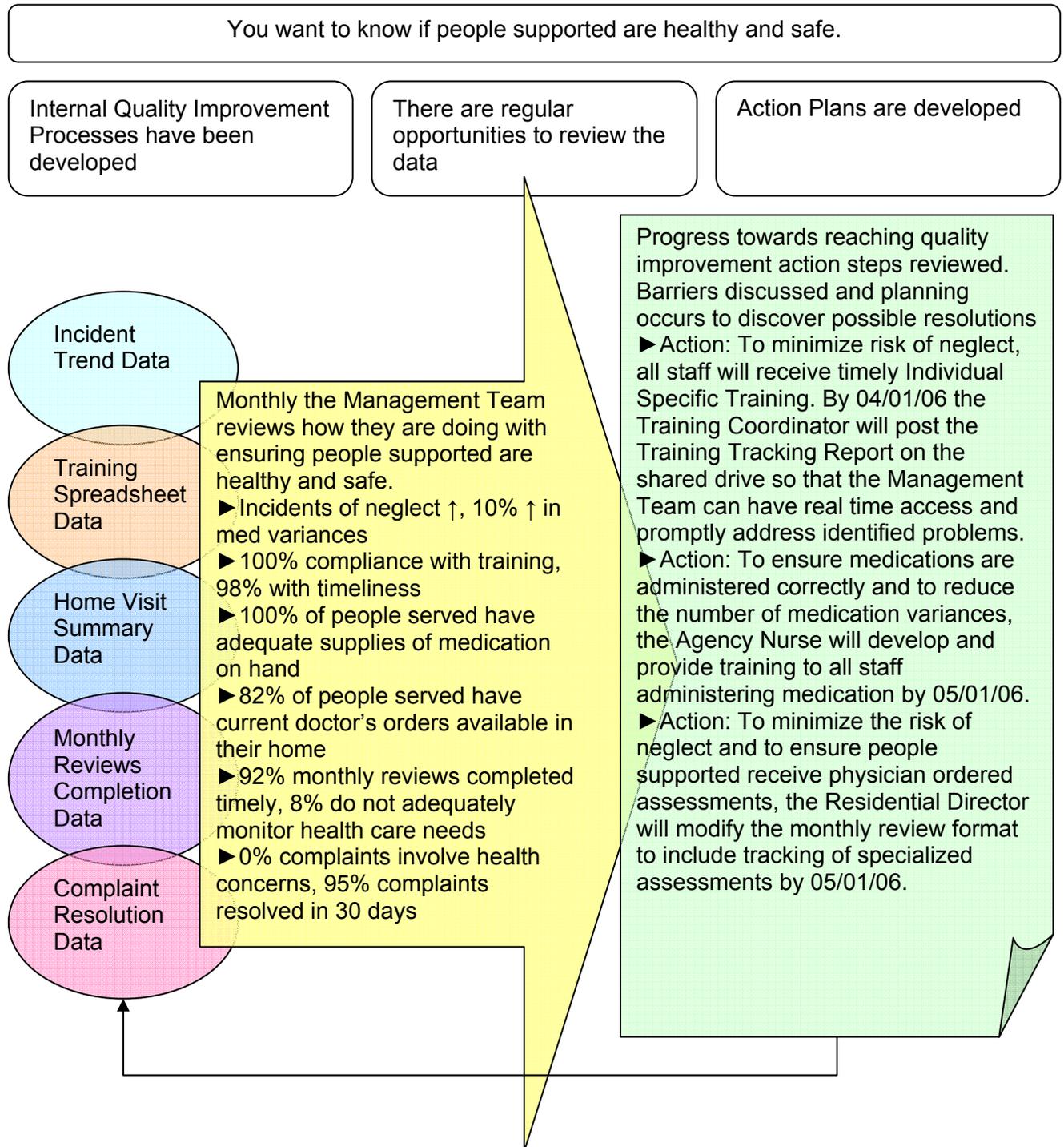
Quality Improvement Planning processes typically overlap and compliment each other. Tying it all together and keeping your eye on the big picture can certainly prove to be extremely challenging. This concept can be most easily demonstrated in relation to when a problem has been identified. For example:



It is important to recognize that the data we glean from various quality improvement planning processes may often be intertwined. For example, we might expect a strong correlation between implementation of the agency supervision plan and the number of substantiated incidents of neglect.

When planning for regular opportunities to review how things are going it is important to recognize how trended data from different sources can be related. Remember, the best quality improvement planning promotes ongoing learning and action planning!

A final example summarizing the process follows:

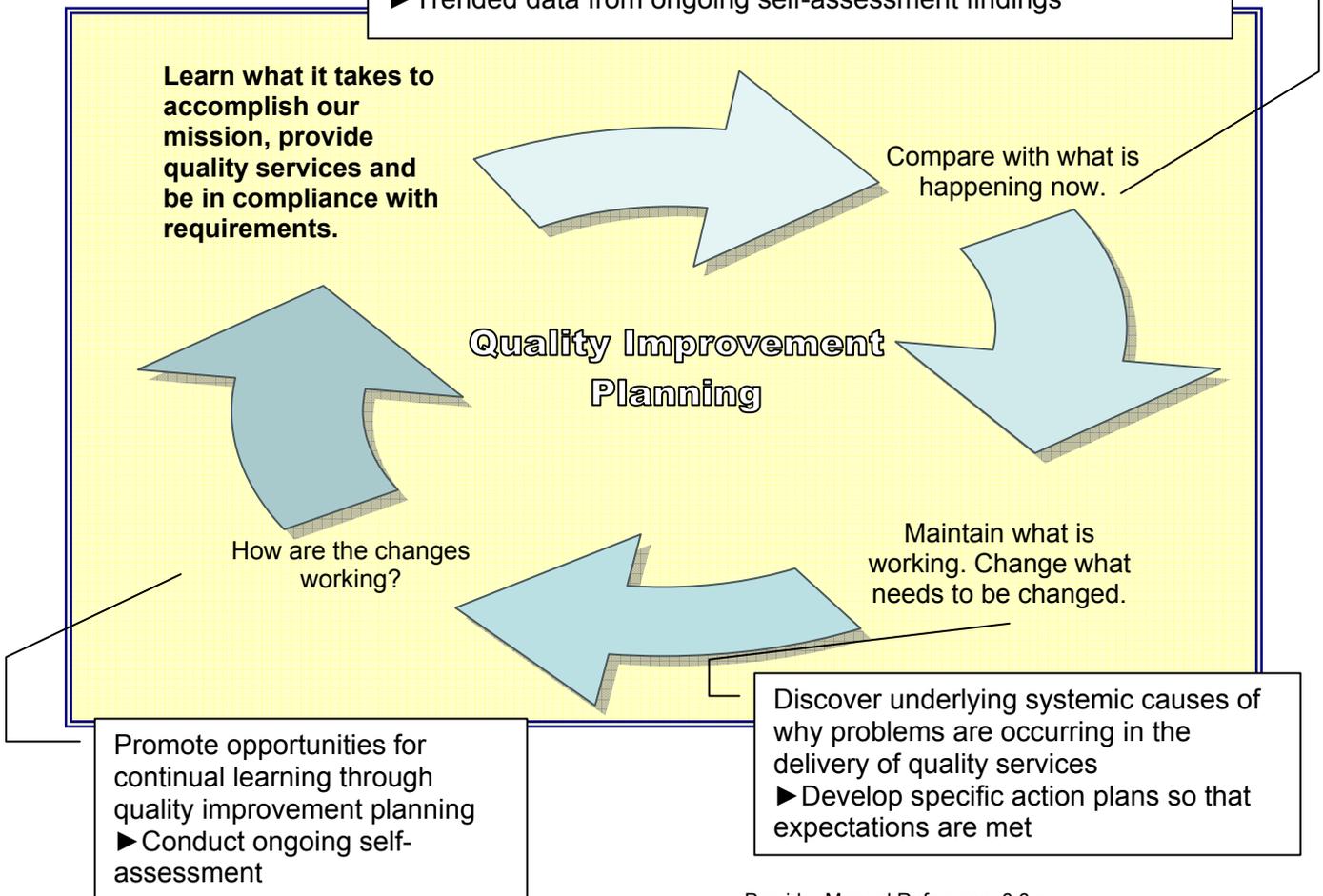


The primary focus of this resource manual has been on internal quality improvement planning that grows out of ongoing self-assessment of systemic processes. It is important to note that annual, comprehensive assessment is also a critical component to ensuring the provision of quality supports and compliance with requirements. This assessment must include a review of external monitoring and sanctions for a twelve-month period as well as the application of the DMRS Quality Assurance Survey Tool on a sample of people receiving services from the agency.

As the quality improvement planning process evolves and takes shape there should be a natural progression of tying all the sources of information together. The quarterly Provider Compliance Report generated by DMRS can be a very helpful source of information as it summarizes most of the external monitoring findings.

To summarize:

- Determine what is working and what is not working by review of:
  - ▶ External monitoring including DMRS QA Annual Survey results
  - ▶ Review of sanctions
  - ▶ Issue Alerts findings
  - ▶ Targeted Elements Assessment findings
  - ▶ Internal application of DMRS QA tool findings
  - ▶ Trended data from ongoing self-assessment findings

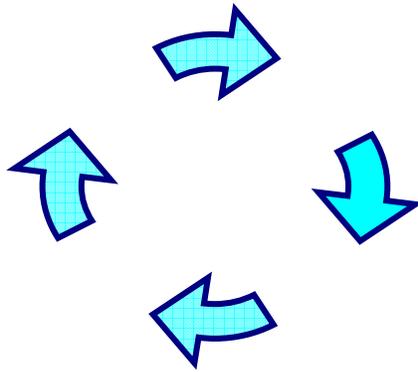


Provider Manual Reference: 6.6.c

### **Points to Remember:**

- ▶ Quality Improvement Planning is a method of continuously examining processes and making them more effective.
- ▶ Quality Improvement Planning can help providers know if they are accomplishing what is stated in their mission statement, delivering quality services and ensuring compliance with requirements.
- ▶ Quality Improvement Planning grows out of self-assessment.
- ▶ Quality Improvement Planning is concerned with making the *process* better verses blaming individuals when problems are identified.
- ▶ Quality Improvement Planning focuses on systemic issues.
- ▶ The most effective quality improvement planning includes ongoing planning as well as comprehensive planning that incorporates external monitoring findings.
- ▶ External quality assurance monitoring should not be the cornerstone for making sure quality services are provided.
- ▶ Quality can NOT be inspected in!
- ▶ Mechanisms should be in place that promotes opportunities for continual learning and improvement.
- ▶ Root Cause Analysis is a structured way to discover underlying causes of why problems occur in the delivery of quality services.
- ▶ Failure Mode Effect Analysis (FMEA) is a systematic method of examining a process prospectively for possible ways in which failure can occur, and then redesigning the process for performance improvement.
- ▶ Thoughtful, ongoing planning can reduce occurrences of noncompliance issues.
- ▶ "SMART" Action Steps are: Specific, Measurable, Accountable, Results Oriented and Timely.
- ▶ One central action plan that incorporates data from both external and internal sources is often best.
- ▶ Planning in a way that promotes immediate successes while also tackling more complex, systemic changes is ideal.
- ▶ The Quality Improvement Plan is NOT the final outcome, but instead should serve as a guide for the agency to provide quality services.

# Appendix



# Quality Improvement Planning

## **Root Cause Analysis and Failure Mode Effect Analysis Resource Information**

- An excellent summary of Root Cause Analysis (RCA) can be found online by visiting: [www.qualitymall.org](http://www.qualitymall.org). This summary has been prepared by Steven D. Staugaitis, Ph.D. As stated in the preface; “this overview represents an introduction to the use of root cause analysis specifically adapted to address some of the unique issues and concerns present in support and service systems that assist people with mental retardation and other developmental disabilities”.
- Extensive information about Failure Mode Effect Analysis (FMEA) can be found online by visiting: [www.patientsafety.gov](http://www.patientsafety.gov). The Veterans Health Administration National Center for Patient Safety (NCPS) has a detailed presentation posted on line addressing the basic concepts of FMEA.
- The Division of Mental Retardation Services offers in depth training in Root Cause Analysis and Failure Mode Effect Analysis to those who are interested. The training objectives include helping people to understand the basics of Root Cause Analysis and Failure Mode Effect Analysis and to become familiar with the application of performance improvement strategies in bringing about systematic change.