

Quality Improvement: Connecting the Data Dots

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Quality Assurance and Improvement

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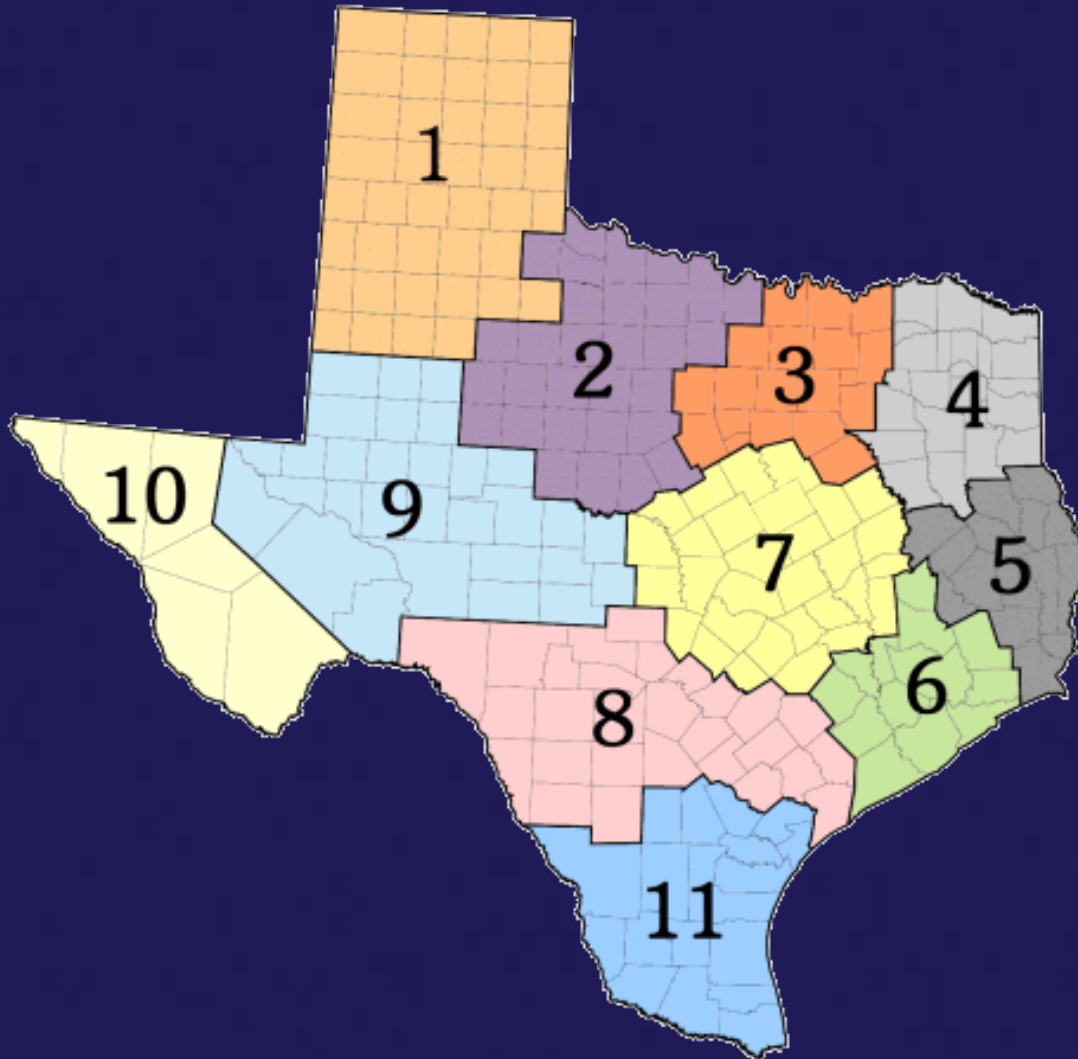
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Organization of the Presentation

- Texas at-a-glance
- Texas Department of Aging and Disability Services at-a-glance
- Home and Community-Based Services waiver programs
- Continuous Quality Improvement cycle: Texas' activities in each phase
- Lessons learned

Texas At-a-Glance



- Population estimate (2009): 24,782,302
- 254 counties
- 11 Health and Human Services Regions

Texas Health and Human Services System At-a-Glance



Texas Department of Aging and Disability Services At-a-Glance

Adults and
children with
intellectual
disabilities

Additional
services
(relocation,
preventive
healthcare)



Older adults
(age 60+) and
caregivers

Adults and
children with
physical
disabilities

Continuum of Long-Term Services and Supports (Hewitt et al., 2008)

Institutional Settings		Home and Community-Based Settings		
		Community Residential	Supports to Individuals and Families	Non-Residential Community Supports
Nursing facilities and residential rehabilitation	State-operated institutions	24-hour residential supports and services	Home health care	Day programs and rehabilitative or medical supports
		Less than 24-hour residential supports and services	Personal care services (agency-directed)	Job or vocational services
Personal care services (consumer-directed)				



Home and Community-Based Services Waiver Programs in Texas

Waiver	# served/ month (2009)
Community-Based Alternatives	25,927
Home and Community-Based Services	17,255
Community Living Assistance and Support Services	4,385
Medically Dependent Children Program	2,699
Texas Home Living Waiver	994
Deaf Blind with Multiple Disabilities	150
Consolidated Waiver Program	159
Integrated Care Management	100

Continuous Quality Improvement



Design a Quality Improvement System

- Where do we get data from?
- Do we have the kind of data we need to ask questions about quality?
- If we need additional information, how do we get it?
- Where and how should we store the data?
- How do we get information out of the system?
- How will we use information from the system?

Where Do We Get Data From?

Participant Surveys

- National Core Indicators
- Participant Experience Surveys

Quality Assurance and Improvement Data Mart

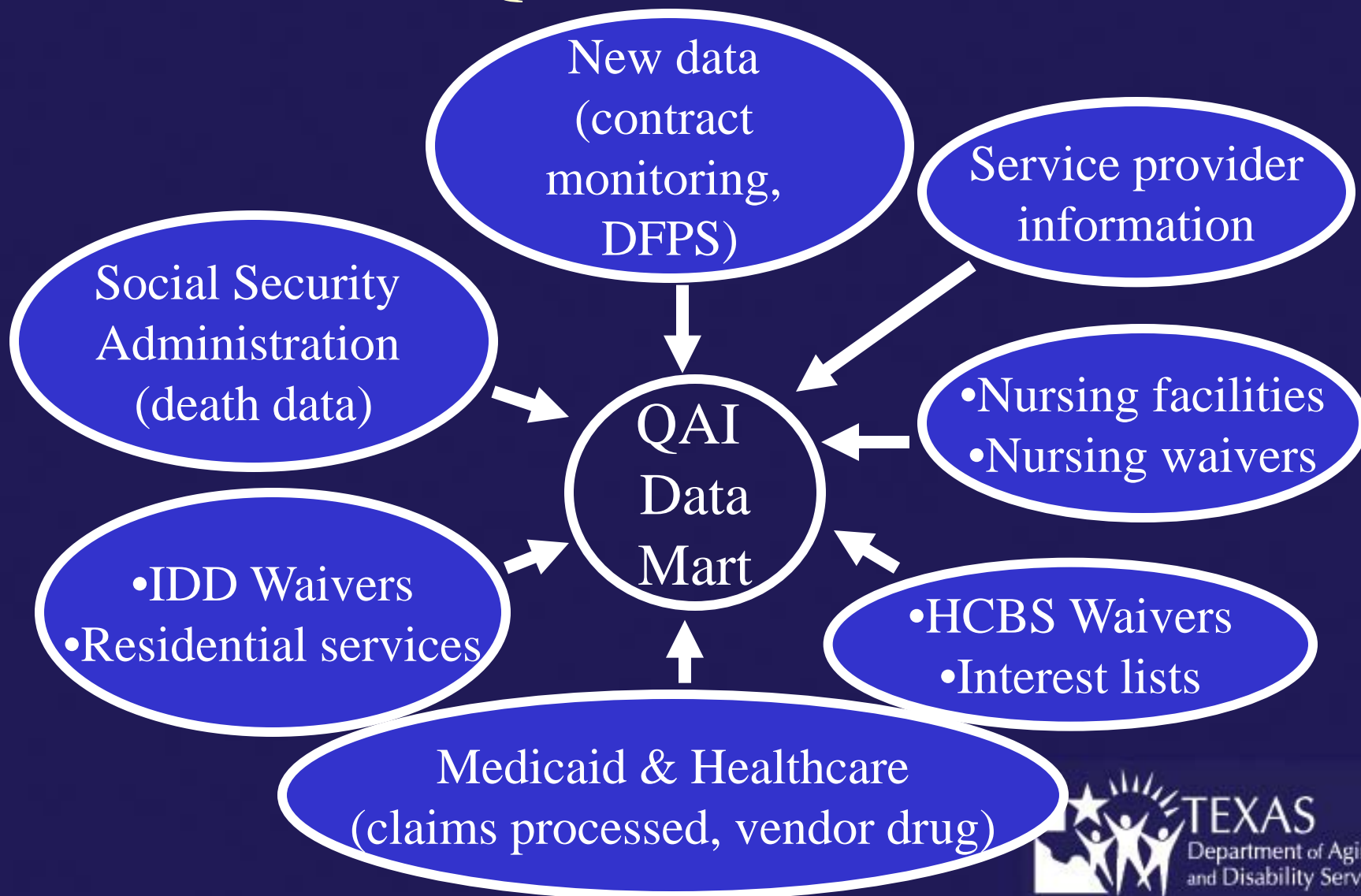
- Agency data
- Texas Health and Human Services enterprise data

Other Sources

- Agency-initiated research
- Peer-reviewed literature
- Government reports

Putting the Data Together in One Place:

QAI Data Mart

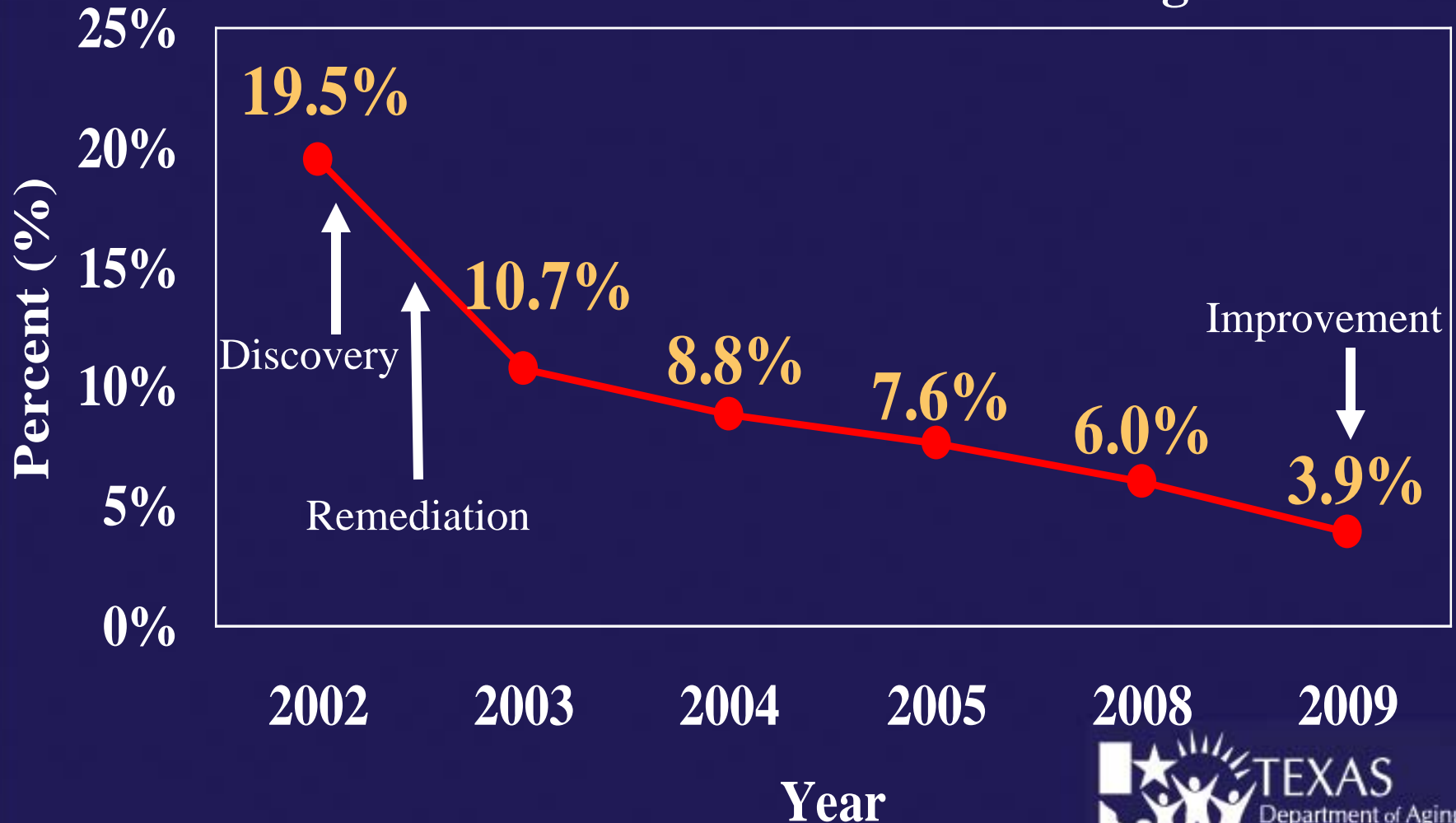


Discovery Using Data

	Participant Surveys	QAI Data Mart
Snapshot of services and supports	✓	✓
Analyze trends over time	✓	✓
Compare groups	✓	✓
Identify areas for quality improvement	✓	✓
Examine participant outcomes	✓	✓
Individual-level information		✓
Examine processes and impact of policy		✓

Remediation of Individual Quality Issues

Prevalence of Restraint use in Nursing Facilities



Quality Improvement System-Wide

Participant Surveys

- Consumer Directed Services
- Preventive care in nursing facilities

Quality Assurance and Improvement Data Mart

- Quality Reporting System
- Quality Matters Website
- CMS Assurances

State or National Initiatives

- Quality Oversight Plan
- Direct Support Workforce
- Advisory Councils (Promoting Independence, Autism, Consumer Directed Services)
- Culture Change in nursing facilities
- Performance-Based Contracting

Lessons Learned

- Data provides information about the people we serve so we can identify and remedy problems to improve outcomes, quality of care, and processes.
- Quality improvement begins with designing a comprehensive, reliable data system.
- Creating a data repository is challenging with multiple programs that have different rules and operational systems.
- Design, Discovery, Remediation, and Improvement processes occur simultaneously.
- Improving quality takes time and coordination.

Reference

Hewitt, A., Larson, S., Edelstein, S., Seavey, D., Hoge, M.A., & Morris, J. (2008). *A synthesis of direct service workforce demographics and challenges across intellectual/developmental disabilities, aging, physical disabilities, and behavioral health*. Retrieved from <http://rtc.umn.edu/docs/Cross-DisabilitySynthesisWhitePaperFinal.pdf>

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