Delivering Better Results: Through Data Driven Review

For Providers serving the Bureau of Developmental Disabilities Services (BDDDS)

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Assistant Director,
Bureau of Quality Improvement Services (BQIS)
Purpose

The purpose of this webinar is to provide Bureau of Developmental Disabilities Services (BDDS) Providers with an overview of the Data Driven Review Process, a quality improvement initiative developed by the Bureau of Quality Improvement Services (BQIS).
Upon conclusion of the webinar, you should:

- Be able to differentiate quality assurance and quality improvement
- Be able to identify the focus of the Data Driven Review process
- Be aware of the tools used in the process
- Understand “next steps”
- Know who to contact regarding Data Driven Review
Today’s Topics:

I. Quality Assurance vs. Quality Improvement
II. Data Drives the Process
III. The Data Driven Review Process
IV. The Provider’s Experience
V. IT System
VI. Questions
VII. Contact Information
I. Quality Assurance vs. Quality Improvement
**Quality Assurance**

- Based on compliance with rules, regulations, and policy
- Done to an organization; more authoritative in nature
- Activities generally include some type of monitoring. Data tracking used for compliance-based purposes.
- Intent is to identify noncompliance and correct deficiencies
- Potential results of identified noncompliance include: Corrective action, moratorium, sanctions

**Quality Improvement**

- Based on growth and improvement
- Done with an organization; more collaborative in nature
- Activities include data tracking for analysis and continuous improvement
- Intent is to improve current activities and develop best practices
- Potential results of identified areas of weakness include improvement plan, provider-identified strategies for growth and improvement
Bureau of Quality Improvement Services (BQIS)

Current Quality Assurance Activities

- Provider Re-approval Process
- Incident Reporting
- Complaint Investigations
- Mortality Review
- Comprehensive Evaluation and Review Tool (CERT)
Bureau of Quality Improvement Services (BQIS)

Current Quality Improvement Activities

- Data Driven Review Process
- Data Forums
- National Core Indicator Surveys
- Staff Stability Surveys
Intended Outcomes of DDR

- Support to enhance provider performance
- Repeatable process
- Benefits for provider and individuals’ served
Intended Outcomes of DDR

- Support to provider performance
  - Data Analysis
  - Root Cause Analysis
  - Development of a Quality Improvement Plan
Intended Outcomes of DDR

- Repeatable Process
  - Provider develops skills and gains resources
  - Activity can be applied to other areas of identified improvement needs in the future
Intended Outcomes of DDR

Benefits

✓ For Providers

• Improved performance within the organization
• Develop improved processes
• Positive impact on accreditation and CERT
• Positive impact on Provider Re-approval Process
Intended Outcomes of DDR

Benefits

✓ For Individuals’ Served
  • Served by a stronger provider organization
  • Receive better programming
  • Improved opportunities for health, safety, and welfare
II. Data Drives the Process
Data Drives the Process

- Topic Selection
- Provider Identification
- Data Analysis
Data Drives the Process

- Topic Selection
Data Drives the Process

Topic Selection

- 2015-2016 – Clean Incident Report data
  - Reportable vs. Non-reportable incidents
- BQIS reviews incident data quarterly
- BQIS identifies systemic areas of weakness
- BQIS selects Data Driven Review topic based on greatest issues/weaknesses
## Data Drives the Process
### Topic Selection

### 2015 Reportable Incident Report Data - Top 20 Incident Report Types

<table>
<thead>
<tr>
<th>Rank</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>Medical Condition, Chg. in/Decline</td>
<td>Medical Condition, Chg. in/Decline</td>
<td>Medical Condition, Chg. in/Decline</td>
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<td>Fall</td>
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<td>Fall</td>
<td>Fall</td>
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<td>Alleged Neglect</td>
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<tr>
<td>7</td>
<td>PRN Med - Behavioral</td>
<td>Elopement</td>
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<td>PRN Med - Behavioral</td>
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<td>PRN Med - Behavioral</td>
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<td>Alleged Abuse, Emotional/Verbal</td>
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<td>Peer to Peer Aggression</td>
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<td>15</td>
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<td>Alleged Exploitation, Financial</td>
<td>Peer to Peer Aggression</td>
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<td>16</td>
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<td>Environmental/Structural Problems w/ relocation</td>
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<td>Aggression to Staff</td>
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<td>Med Error, Wrong Med</td>
</tr>
</tbody>
</table>
Data Drives the Process

Topic Selection

- The 2015 quarterly reportable incident report data launched the first DDR topic of Medication Errors
- Reportable incident report data continued to be reviewed by BQIS each quarter
- What did the data indicate from 2015-2017?
# Data Drives the Process

## Topic Selection

### 2015 Incident Report Data - Top 20 Incident Report Types

<table>
<thead>
<tr>
<th>Rank</th>
<th>Quarter 1</th>
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<tr>
<td>1</td>
<td>Medical Condition, Chg. in/Decline</td>
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<td>3</td>
<td>Fall</td>
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<td>4</td>
<td>Aggression to Housemate/Peer</td>
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<td>7</td>
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<td>Elopement</td>
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<td>9</td>
<td>Alleged Abuse, Emotional/Verbal</td>
<td>Injury of Unknown Origin</td>
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<tr>
<td>10</td>
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<td>Aggression to Staff</td>
<td>Aggression to Staff</td>
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</table>
# Data Drives the Process

## Topic Selection

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<thead>
<tr>
<th>Rank</th>
<th>Quarter 1</th>
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<td>Medical Condition, Chg. in/Decline</td>
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<td>Aggression to housemate/peer</td>
<td>Aggression to housemate/peer</td>
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<tr>
<td>4</td>
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<tr>
<td>8</td>
<td>Elopement</td>
<td>Elopement</td>
<td>Elopement</td>
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<tr>
<td>9</td>
<td>Injury of unknown origin</td>
<td>Injury of unknown origin</td>
<td>Injury of unknown origin</td>
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<tr>
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<td>15</td>
<td>Aggression to staff</td>
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<tr>
<td>16</td>
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<td>Alleged Abuse, Physical</td>
<td>Aggression to staff</td>
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<tr>
<td>18</td>
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<td>Aggression to staff</td>
<td>Aggression to staff</td>
<td>Injury of known origin</td>
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<tr>
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## 2017 Reportable Incident Report Data - Top 20 Incident Report Types

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<td>Medical Condition, Chg. in/Decline</td>
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<td>Seizure</td>
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<td>Peer to peer aggression</td>
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<td>Self-Injurious Behavior</td>
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<td>Med Error, Outside Window</td>
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<td>Med Error, Wrong Dose</td>
<td>Peer to peer aggression</td>
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<td>Injury of known origin</td>
<td>Aggression to physical</td>
<td>Aggression to staff</td>
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<td>Environmental/Structural Problems w/ relocation</td>
</tr>
</tbody>
</table>
Data Drives the Process

Topic Selection

- 2015-2017 Data included high numbers of reportable aggression incidents
Data Drives the Process
Topic Selection

Aggression itself is not a reportable incident.

So, what makes aggression a reportable incident?
Data Drives the Process
Topic Selection

Aggression is a reportable incident if it results in one or more of the following:

1) A significant injury to the individual that includes, but is not limited to:
   a. a fracture;
   b. a burn, including sunburn and scalding, greater than first degree;
   c. choking that requires intervention including but not limited to:
      i. Heimlich maneuver;
      ii. finger sweep; or
      iii. back blows.
   d. bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size;
   e. lacerations which require more than basic first aid;
   f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;
   g. any injury requiring more than first aid;
   h. any puncture wound penetrating the skin, including human or animal bites;
   i. any pica ingestion requiring more than first aid;
Aggression is a reportable incident if it results in one or more of the following:

2) An emergency room visit for the individual (for medical or psychiatric treatment);
3) Hospitalization of the individual (for medical or psychiatric treatment);
4) Police involvement with the individual;
5) In an SGL setting, all aggression among peers is reportable
Based on the *reportable* incident data from 2015-2017, *aggression* was chosen as the next DDR topic.
Data Drives the Process

Topic Selection

DDR on Aggression was launched in January 2018
# Data Drives the Process

## Topic Selection

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<thead>
<tr>
<th>Rank</th>
<th>2018 Q1</th>
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<td>Aggression to housemate/peer</td>
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<td>Fall</td>
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<td>Fall</td>
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<td>7</td>
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<td>PRN Medication - Behavioral Purposes</td>
<td>PRN Medication - Behavioral Purposes</td>
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<td>Injury of unknown origin</td>
<td>Elopement</td>
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<td>Peer to peer aggression</td>
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<td>Seizure</td>
<td>Medication Error(s), Wrong Dose</td>
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<td>Medication Error(s), Wrong Dose</td>
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<td>Alleged Abuse, Physical</td>
<td>Alleged Exploitation, Financial</td>
<td>Alleged Exploitation, Financial</td>
</tr>
<tr>
<td>15</td>
<td>Injury of known origin</td>
<td>Self-Injurious Behavior</td>
<td>Alleged Exploitation, Financial</td>
<td>Alleged Abuse, Physical</td>
<td>Alleged Abuse, Physical</td>
</tr>
<tr>
<td>16</td>
<td>Environmental / Structural Problems that did not require relocation</td>
<td>Injury of known origin</td>
<td>Self-Injurious Behavior</td>
<td>Self-Injurious Behavior</td>
<td>Self-Injurious Behavior</td>
</tr>
<tr>
<td>17</td>
<td>Medication Error(s), Wrong Dose</td>
<td>Alleged Exploitation, Financial</td>
<td>Injury of known origin</td>
<td>Medication error, given outside window</td>
<td>Injury of known origin</td>
</tr>
<tr>
<td>18</td>
<td>Aggression to staff</td>
<td>Medication error, given outside window</td>
<td>Medication error, given outside window</td>
<td>Injury of known origin</td>
<td>Medication error, given outside window</td>
</tr>
<tr>
<td>19</td>
<td>Alleged Abuse, Physical</td>
<td>Suicidal Thoughts / Ideations</td>
<td>Environmental / Structural Problems that required relocation</td>
<td>Environmental / Structural Problems that required relocation</td>
<td>Suicidal Thoughts / Ideations</td>
</tr>
<tr>
<td>20</td>
<td>Alleged Exploitation, Financial</td>
<td>Other</td>
<td>Medication Error(s), Wrong Medication</td>
<td>Other</td>
<td>Medication Error(s), Wrong Medication</td>
</tr>
</tbody>
</table>

*Note: The table displays the top 20 incident report types for each quarter, showing the rank, incident type, and related behavior or conditions.*
Data Drives the Process

- Provider Identification
Data Drives the Process
Provider Identification

Provider Identification

- Providers are grouped by size across all services (statewide)
  - 5 groupings

- State broken into 4 quadrants
  - Allows Data Driven Review Team to concentrate resources (maximum Provider benefit)

- Provider invitations are extended for a topic based on the number of incident reports in that area (per capita incident report ratio) or uniqueness of Provider operations
Data Drives the Process
Provider Identification

Provider Demographics: DDR Aggression

- **Pilot**
  - January 2018 (1\textsuperscript{st} Quarter 2018) – 5 providers (3 RHS/2 BMAN)

- **Full Roll-Out**
  - April 2018 (2\textsuperscript{nd} Quarter 2018) – 12 providers (7 RHS/5 BMAN)
  - July 2018 (3\textsuperscript{rd} Quarter 2018) – 6 providers (3 RHS/3 BMAN)
  - October 2018 (4\textsuperscript{th} Quarter 2018) – 10 providers (8 RHS/2 BMAN)
  - January 2019 (1\textsuperscript{st} Quarter 2019) – 9 providers (6 RHS/3 BMAN)
  - April 2019 (2\textsuperscript{nd} Quarter 2019) – 8 providers (6 RHS/2 BMAN)
Data Drives the Process

❖ Data Analysis
As a reminder, incident report data in the IFUR system attributes back to the residential provider.
BQIS’ Baseline Data:

How is it calculated?

For Residential providers (we’ll discuss how BMAN is calculated shortly!), the baseline data is calculated by BQIS during the provider selection and is a reportable Aggression Incident to Residential Consumer Ratio for each provider during a prior quarter (3 months).

For example, Company ABC has 14 reportable Aggression Incidents and 54 residential consumers during the time frame of 1/1/16-3/31/16. The baseline = 14/54 = 0.259.
BQIS’ Baseline Data:

How is it calculated for BMAN Providers?

The *reportable* Aggression Incident is associated with the current BMAN provider as of the date the data is retrieved from the IFUR system.
BQIS’ Baseline Data:

How is it calculated for BMAN Providers?

The baseline data is calculated by BQIS during the provider selection and is a *reportable* Aggression Incident to BMAN Consumer Ratio for each provider during a prior quarter (3 months).

For example, Company XYZ has 64 *reportable* Aggression Incidents and 124 BMAN consumers during the time frame of 1/1/16-3/31/16. The baseline = 64/124 = 0.516.
III. The Data Driven Review Process
The Data Driven Review Process
Components of the Process

Components of the Process

- Preliminary Work (Completed by BQIS)
- Data Driven Review Process
- Quality Control
The Data Driven Review Process
Components of the Process

Preliminary Work
Completed by the Bureau of Quality Improvement Services

Includes:
• BQIS Reviews Quarterly Quality Data Reports (lt. blue)
• BQIS Selects Data Driven Review (DDR) Topic (lt. blue)
• BQIS Identifies Providers for Participation (lt. blue)
The Data Driven Review Process

Overview of the Data Driven Review Process

LEGEND
Lt. Blue – BQIS Only
Lt. Green – Provider Only
Dk. Green – Quality Control
Orange – Collaboration
The Data Driven Review Process
Components of the Process

Data Driven Review (DDR) Process

Includes:
• BQIS Invites Providers to Participate in DDR  (orange)
• Provider and Data Driven Review Team Initial Meeting  (orange)
• Provider Reviews Data  (lt. green)
• Provider Performs a Root Cause Analysis  (lt. green)
• Provider and Data Driven Review Team Meet as Needed  (orange)
• Provider Designs a Quality Improvement Plan  (lt. green)
• Provider Submits a Root Cause Analysis and Quality Improvement Plan to the DDR Team for Review  (lt. green)
• DDR Team Continue Meeting with the Provider as Needed  (orange)
The Data Driven Review Process

Components of the Process

**Overview of the Data Driven Review Process**

- **Data Driven Review Process Start**
  - BQIS Reviews Quarterly Quality Data Reports
  - BQIS Selects DDR Topic
  - BQIS Identifies Providers for Participation
  - BQIS Invites Provider to Participate
  - Provider and Data Driven Review Team Initial Meeting
  - Provider Reviews Data

- **Provider and DDR Team**
  - Provider Performs Root Cause Analysis
  - DDR Team Meets with Provider as Needed
  - Provider Designs Quality Improvement Plan
  - Provider Submits Root Cause Analysis & QIP to DDR Team for Review
  - Provider and DDR Team Participate in Follow Up Meeting(s) as Necessary
  - Provider Implements Quality Improvement Plan

- **Quality Control**
  - Provider Reviews Cumulative 12 Months of Data and Analyzes Results
  - Provider Completes DDR Survey and Submits to BQIS
  - Data Driven Review Process with BQIS Ends

**LEGEND**
- Lt. Blue – BQIS Only
- Lt. Green – Provider Only
- Orange – Collaboration
- Dk. Green – Quality Control

**Bureau of Quality Improvement Services**

1/18/2018
The Data Driven Review Process
Components of the Process

Data Driven Review Process

Includes:
• Provider Implements the Quality Improvement Plan (lit. green)
• DDR Team Provides Quarterly Data (blue)
• Provider Analyzes Results Quarterly (lit. green)
• Provider Refines the Quality Improvement Plan as Necessary (lit. green)
• Provider Reviews Cumulative 12 Months of Data and Analyzes Results (lit. green)
• Provider Completes DDR Survey and submits to BQIS (lit. green)
The Data Driven Review Process
Components of the Process

Overview of the Data Driven Review Process

Data Driven Review Process Start
  → BQIS Reviews Quarterly Quality Data Reports
  → BQIS Selects DDR Topic
  → BQIS Identifies Providers for Participation
  → BQIS Invites Provider to Participate
  → Provider and Data Driven Review Team Initial Meeting
  → Provider Reviews Data
  → Provider Completes DDR Survey and Submits to BQIS
  → Data Driven Review Process with BQIS Ends

Provider Receives Quarterly Data
  → Provider Performs Root Cause Analysis
  → DDR Team Meets with Provider as Needed
  → Provider Designs Quality Improvement Plan
  → Provider Submits Root Cause Analysis & QIP to DDR Team for Review
  → Provider and DDR Team Participate in Follow Up Meeting(s) as Necessary
  → Provider Implements Quality Improvement Plan

Provider Reviews Results Quarterly
  → Provider Refines Quality Improvement Plan as Necessary
  → Provider Reviews Cumulative 12 Months of Data and Analyzes Results

Provider Analyzes Results Quarterly
  → Quality Control
  → Quality Control
  → Quality Control

LEGEND
Lt. Blue – BQIS Only
Lt. Green – Provider Only
Orange – Collaboration
Dk. Green – Quality Control
The Data Driven Review Process

Components of the Process

- Quality Control Process (dark green)
  Involves the Provider, the Data Driven Review Team, and BQIS

Includes:
- Driving improvement (of the current process and overall/future process)
- Ensuring Providers have a meaningful experience that results in improved outcomes for their organization and the individuals being served
- Ensuring BQIS has the most efficient and effective Data Driven Review Process, ultimately benefitting providers and the individuals they serve
- May be done through conversations, surveys, or other formats
The Data Driven Review Process Components of the Process

Overview of the Data Driven Review Process

Data Driven Review Process Start → BQIS Reviews Quarterly Quality Data Reports → BQIS Selects DDR Topic → BQIS Identifies Providers for Participation → BQIS Invites Provider to Participate → Provider and Data Driven Review Team Initial Meeting

Provider and DDR Team Participate in Follow Up Meeting(s) as Necessary → Provider Implements Quality Improvement Plan → Data Driven Review Process with BQIS Ends

Provider Performs Root Cause Analysis → DDR Team Meets with Provider as Needed → Provider Designs Quality Improvement Plan → Provider Submits Root Cause Analysis & QIP to DDR Team for Review → Provider Reviews Cumulative 12 Months of Data and Analyzes Results → Provider Completes DDR Survey and Submits to BQIS

Provider Analyzes Results Quarterly → Provider Refines Quality Improvement Plan as Necessary → Provider Reviews Current Data

LEGEND
Lt. Blue – BQIS Only
Lt. Green – Provider Only
Dk. Green – Quality Control
Orange – Collaboration
IV. The Provider’s Experience
The Provider’s Experience

Initial Meeting

Includes:

• A DDR Team member will meet with the provider at the provider’s location;
• The provider will participate in hands-on learning activities during the meeting to assist with DDR; and,
• The provider will leave with an understanding of how to apply a root cause analysis and develop an improvement plan.
The Provider’s Experience

Following the Initial Meeting

- The provider will receive 12 months of data to conduct a root cause analysis;
- The provider will be supported by a DDR team member in completing the root cause analysis; and
- The provider will submit the root cause analysis to a DDR team member for review and discussion.
The Provider’s Experience

Root Cause Analysis

Includes:

• Root Cause Analysis Guidance
• Root Cause Analysis Template
The Provider’s Experience

Root Cause Analysis:

Root Cause Analysis Guidance

INSTRUCTION:

When working to determine the root cause, considering the questions listed below may be helpful.

QUESTIONS FOR ROOT CAUSE ANALYSIS [examples]:

Description of event:
  • What happened?
  • Where did the process go wrong? What steps were involved in (contributed to) the event?
  • What are the usual steps in the process (es)?
  • Why do you think it happened?

Work Performance:
  • What role did employee performance play in this event?
  • What human factors were relevant to this case? (i.e., rushing, temperature, etc.)
  • Were interruptions or distractions a factor in this case?

Documentation:
  • Is the present documentation system efficient?
  • Are staff properly documenting according to the established standards?
The Provider’s Experience

Root Cause Analysis:
Root Cause Analysis Template (overview)

Root Cause Analysis Template
Page 1 of 8

PURPOSE:
A Root Cause Analysis assists in the development of a quality improvement plan for specific areas of service delivery.

WHAT IS A ROOT CAUSE?

- Root causes are underlying causes.
- Root causes are those that can reasonably be identified.
- Root causes are those management has control to fix.
- Root causes are those for which effective recommendations for preventing recurrences can be generated.

Root causes are underlying causes. The goal should be to identify specific underlying causes. The more specific the team can be about why an event occurred, the easier it will be to arrive at recommendations that will prevent recurrence.

Root causes are those that can reasonably be identified. Occurrence investigations must be cost beneficial. It is not practical to keep valuable staff members occupied indefinitely searching for the root causes of occurrences. Structured Root Cause Analysis (RCA) helps the team get the most out of the time they have invested in the investigation.

Root causes are those over which management has control. The team should avoid using general cause classifications such as operator error, equipment failure or external factor. Such causes are not specific enough to allow management to make effective recommendations to prevent recurrence.
The Provider’s Experience

Root Cause Analysis:
Root Cause Analysis Template (example)

INSTRUCTIONS:

The following template is designed to assist in determining the underlying cause(s) of an operational failure. Asking “why” something happened, or did not happen, is the best place to start. In many cases, the most obvious cause is the “direct cause”. To determine contributing factors, ask “why” the direct cause occurred. For example, the boat sank because it had a hole in the bottom. In this example, the hole in the boat is the direct cause. In a root cause analysis, asking why is the next step. In this example, the boat had a hole because the repairperson did not know the boat had a hole that needed to be fixed. This would be a contributing factor. Asking why the repairperson did not know the boat had a hole to be fixed, we learn the root cause of the problem. The boat repair company does not have a system to track required repairs and the need to repair the hole was forgotten.

Fill in the blank sections below for each category. In some cases, an individual category may not be involved. If that occurs, leave the section blank and move to the next set of questions. When complete, review your work to identify the root cause(s) for the event. The root cause(s) will become the basis for your Quality Improvement Plan.

<table>
<thead>
<tr>
<th>Contributing Factor - Departments</th>
<th>Questions/Factors Involved</th>
<th>Findings and Opportunities to Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happened?</td>
<td>What departments were involved?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Describe events(s)</td>
<td></td>
</tr>
<tr>
<td>Why did it happen?</td>
<td>What was the missing or weak step in the process?</td>
<td></td>
</tr>
<tr>
<td>Why did that happen?</td>
<td>What caused the missing or weak step in the process?</td>
<td></td>
</tr>
<tr>
<td>Why did that happen?</td>
<td>What is currently done to prevent failure at this step?</td>
<td></td>
</tr>
</tbody>
</table>
The Provider’s Experience

Following the Root Cause Analysis Submission and Acceptance:

• The provider will develop a Comprehensive Quality Improvement Plan (QIP);
• The provider will be supported by a DDR team member in completing the QIP; and
• The provider will submit the QIP to a DDR team member for review, discussion, and acceptance.
The Provider’s Experience

Comprehensive Quality Improvement Plan

Includes:

• Comprehensive Quality Improvement Plan Guidance and Example

• Comprehensive Quality Improvement Plan Template
The Provider’s Experience

Comprehensive Quality Improvement Plan: Comprehensive Quality Improvement Plan Guidance and Example

**GUIDE FOR DEVELOPING A COMPREHENSIVE QUALITY IMPROVEMENT PLAN**

Once a root cause analysis has been completed and the organization is confident with what root cause(s) were identified, the next step is to develop a Comprehensive Quality Improvement Plan. A Comprehensive Quality Improvement Plan is a detailed work plan intended to enhance an organization’s quality in a target area (e.g. medication administration, aggression, neglect, etc.). A Comprehensive Quality Improvement Plan incorporates one or more Quality Improvement Plans to address each identified root cause.

**WHAT IS A QUALITY IMPROVEMENT PLAN?**

A Quality Improvement Plan includes essential information about how your organization will design, implement, manage, and assess quality. All aspects of the Quality Improvement Plan correlate to the identified root cause.

A Quality Improvement Plan is an organization’s framework for developing and improving processes. It includes the direction, timeline, activities, and assessment measures of quality and quality improvement within the organization. The Quality Improvement Plan is a living document, and as such, is revisited on a regular basis to document accomplishments, lessons learned, and changing organizational priorities.

An effective Quality Improvement Plan includes the following elements:

- A description of quality improvement goals and objectives
- A description of the activities designed to meet the quality improvement goals and objectives
- A description of how quality initiatives will be managed and assessed/measured
- A description of any training and/or support that will be developed and implemented, based on the quality improvement process
- A description of the communication plan for quality improvement activities and processes, including how updates will be communicated to all staff on a regular basis
- A description of evaluation/quality assurance activities that will be used to determine the effectiveness of the plan’s implementation
Below are specific improvement activity categories that may be included in the Quality Improvement Plan:

- **Training/Professional Development**
  This should be included as an action step/activities if the Quality Improvement Plan involves any type of training or professional development. This may mean that existing training is revised, new training is developed, or any other training-related topic.

- **Transitions in Staff**
  This should be included as an action step/activities if some component of the Quality Improvement Plan listed will need to take into account how the provider will address staff turnover – whether it be training, general staffing shifts, or the addition of new staff members.

- **Transition of Individuals**
  Describe steps and requirements to change internal protocols and changes in the activities, supports, and experiences for those your organization supports by applying new and improved methods. Consider how changes may affect the welfare and emotional support of the individual. If various steps are required to transition activity, list steps in sequential order.

- **Attracting and Retaining High Quality Staff**
  This should be included as an action step/activities if the Quality Improvement Plan will be affected by the quality of staff, as well as whether the activity has steps in place to help hire, develop, or retain quality staff.

- **Assessment/Oversight to Monitor this Area (Short Term & Long Term)**
  This should be included as an action step/activities if the Quality Improvement Plan requires steps for any of the following: ensuring the activity is completed, evaluating the effectiveness of the implementation, or assessing the results of the activity.

- **Technology**
  This should be included as an action step/activities if the Quality Improvement Plan has a technology-specific component. This may include online training, using technology to document activity, or any other technology-specific activity.

- **Individual/Guardian/Family Involvement**
  This should be included as an action step/activities if the Quality Improvement Plan listed is designed to improve the level of meaningful involvement for individuals and/or their guardians/families, or if the success of the activity requires a particular level of individual/guardian/family involvement.
The Provider’s Experience

Comprehensive Quality Improvement Plan:
Comprehensive Quality Improvement Plan Guidance and Example

**SAMPLE COMPREHENSIVE QUALITY IMPROVEMENT PLAN**
The following pages contain a sample Comprehensive Quality Improvement Plan that your organization may wish to use as a reference when creating your own Comprehensive Quality Improvement Plan. The information in this sample is only meant for illustrative purposes and not intended to represent a fully developed Comprehensive Quality Improvement Plan.

**PROVIDER DEMOGRAPHICS**
This section contains basic information about your organization and also lists the primary contact person for this initiative.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>ABC Provider Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Address</td>
<td>12345 N. Easy Street, Anytown, IN  44111</td>
</tr>
<tr>
<td>Target Area</td>
<td>Aggression  (The target area is identified by BQIS and all providers selected during a particular quarter will be addressing the same target area specific to their organization)</td>
</tr>
<tr>
<td>Plan start date (month, day and year)</td>
<td>October 1, 2015</td>
</tr>
<tr>
<td>Lead Contact</td>
<td>John Doe, Director of Quality (<a href="mailto:jdoe@abcprovider.provider">jdoe@abcprovider.provider</a> or 317-222-1212)</td>
</tr>
</tbody>
</table>

Goal
(State the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan. The goal should take into consideration all factors involved that will affect achieving the goal.)

By December 2016, reportable incidents of aggression will be reduced by 7%, based on incident report data while maintaining or increasing the RHS consumer count.

[The Goal Statement should be specific and include: what area will improve, the timeframe by which it will improve, the degree to which it will improve, and relevant data to determine improvement. It is also helpful to add where the information will come from (e.g. internal tracking of incident reports, BQIS’ PRP data, etc.)]
The Provider’s Experience

Comprehensive Quality Improvement Plan: Comprehensive Quality Improvement Plan Guidance and Example

**PROVIDER METRICS**

**Current Level of Performance:** Identify the current level of performance for the targeted area. This should include how the level of performance is currently being measured and the data source utilized. This information can come from a provider’s most recent Provider Review Profile (PRP), other data provided by BQIS, or internal data sources. The data statements can be general (related to aggression as a whole) or specific (related to particular types of aggression, such as aggression to peer, peer to peer, aggression to staff etc.)

<table>
<thead>
<tr>
<th>Current Level of Performance</th>
<th>How Level of Performance is currently being measured</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on October 2015 BQIS Provider Review Profile data for aggression, 75% of all incident reports are aggression for ABC Provider.</td>
<td>Data is provided by BQIS in the Provider Review Profile for Re-approval</td>
<td>BQIS Provider Review Profile</td>
</tr>
</tbody>
</table>

**Benchmarks:** List as many metrics as necessary to measure and track progress toward goal. Include the data source and indicate how you will calculate the metric.

*Benchmarks are the incremental changes your organization wishes to see as you move toward the end goal. Similar to the data statements under “Current Level of Performance,” Benchmarks may also be general (related to aggression overall), or specific (related to a particular type of aggression, such as aggression to peer, peer to peer, aggression to staff, etc.)*

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Data Source</th>
<th>How the metric will be calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>By March 2016, reportable aggression IRs for ABC Provider will decrease by 2% overall from the October 2015 data set based on incident reporting data while maintaining or increasing RHS consumer count.</td>
<td>Incident Report data provided by BQIS each quarter</td>
<td>If the RHS consumer count is the same or increased then compare the IR data to determine if there is a 2% decrease since October 15. If the consumer count decreased, determine the ratio or percentage of decrease and calculate the reduction of IRs that should be expected based on the new consumer count. If the current IR percentage is above the expected percentage</td>
</tr>
</tbody>
</table>
### The Provider’s Experience

**Comprehensive Quality Improvement Plan:** Comprehensive Quality Improvement Plan Guidance and Example

#### Quality Improvement Plan:
The Quality Improvement Plan should be broad in scope and correlate to the root cause being addressed. The action steps/activities should outline how your organization will complete the quality improvement plan including the lead person, timeline, evidence to verify the step/activity took place, and any resources/materials that are needed to accomplish the step/activity.

#### Quality Improvement Plan #1:
Create and implement a system to support DSPs in consistently implementing BSPs.

#### Root Cause Addressed with this Quality Improvement Plan:
Staff are not consistently implementing the BSP.

<table>
<thead>
<tr>
<th>Action Steps/Activities</th>
<th>Lead Person</th>
<th>Timeline</th>
<th>Evidence</th>
<th>Resources/Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Have a brainstorm session and potential survey with DSPs as to why staff have difficulty with consistently implementing BSPs.</td>
<td>John Doe, Director of Quality</td>
<td>October 2015 – December 2015</td>
<td>Brainstorm session meeting notes</td>
<td>Time for meetings, Schedule flexibility</td>
</tr>
<tr>
<td><strong>2.</strong> Establish a work group to design a plan to create the system to support DSPs in consistently implementing BSPs.</td>
<td>John Doe, Director of Quality</td>
<td>January 15, 2016</td>
<td>List of work group members</td>
<td>Feedback from a variety of DSPs</td>
</tr>
<tr>
<td><strong>3.</strong> Conduct biweekly work group meetings to create the plan.</td>
<td>Work Group chairperson</td>
<td>February – March, 2016</td>
<td>Work group meeting agendas and notes/minutes</td>
<td>Time for meetings, Schedule flexibility</td>
</tr>
</tbody>
</table>
The Provider’s Experience

Comprehensive Quality Improvement Plan:
Quality Improvement Plan Template

**PROVIDER DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Address</td>
<td></td>
</tr>
<tr>
<td><strong>Target Area</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Plan start date (month, day and year)</strong></td>
<td><strong>Plan end date</strong></td>
</tr>
<tr>
<td><strong>Lead Contact</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Goal**

State the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan. The goal should take into consideration all factors involved that will affect achieving the goal.

**PROVIDER METRICS**

**Current Level of Performance:** Identify the current level of performance for the targeted area. This should include how the level of performance is currently being measured and the data source utilized.

<table>
<thead>
<tr>
<th>Current Level of Performance</th>
<th>How Level of Performance is currently being measured</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Benchmarks:** List as many metrics as necessary to measure and track progress toward goal. Include the data source and indicate how you will calculate the metric.

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Data Source</th>
<th>How the metric will be calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>By . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Provider’s Experience

Following the QIP Acceptance:

• The provider will receive quarterly incident data to analyze progress toward the established goals;
• Each quarter, the DDR team will share the state’s metrics on the provider’s progress; and,
• The provider will be supported by a DDR team member in tracking and understanding the data, and determining if the established goals are being met.
The Provider’s Experience

Ongoing Communications:
The DDR Team is dedicated to provide ongoing support to each Provider during this process.

Includes:
• Formal and Informal Follow-up
• Touching Base
• Regular and Consistent Communications
The Provider’s Experience

Data Collection, Analysis, and Closure

Includes:

- Acceptance of Root Cause Analysis - notification
- Data Tracking Begins – notification that the QIP has been accepted;
- Data Available – notification (Provider will receive data quarterly for 12 months following QIP implementation)
- Data Tracking Complete – notification
V. IT System
Providers will be given login information during the initial meeting with the DDR team.
### DDR Home

**Home Screen**

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Base Line Year/Quarter</th>
<th>Type</th>
<th>Initial Meeting</th>
<th>RCA Due</th>
<th>QIP Due</th>
<th>Service</th>
<th># IRS Initial Data</th>
<th># Extra Quarter Data</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Provider, LLC</td>
<td>2018 Q2</td>
<td>Aggression</td>
<td>No Meeting Setup</td>
<td>No Meeting Setup</td>
<td>No Meeting Setup</td>
<td>BMAN</td>
<td>171</td>
<td>None</td>
<td>Detail</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries

Export records per page

Search:

Next Previous

You are here: Home > DDR
Detail Screen

Data will become available here on/after the initial meeting.

Uploaded Files

No information has been added.
Milestone Tracking

Setup Date: 08/23/2018
Initial Contact: 09/01/2018
Initial Meeting: 09/05/2018 12:00 AM

RCA Received: --
RCA Due: 10/05/2018
RCA Accept Date: --

QIP Received: --
QIP Due: --
QIP Accept Date: --
IT System

Graphical Data Display
(Sparkline)

Number of Incidents by Quarter
## IT System

### Data Table
(includes aggregate change)

<table>
<thead>
<tr>
<th>Data Date Range</th>
<th>Total Individuals</th>
<th># Reportable BMAN Incidents</th>
<th>Incidents/Individual Ratio</th>
<th>Aggregate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2018 - 03/31/2018 Baseline</td>
<td>216</td>
<td>40</td>
<td>0.185</td>
<td></td>
</tr>
</tbody>
</table>
## Data Detail
(displayed for each data set)

<table>
<thead>
<tr>
<th>Totals</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Total Reportable Aggression Incidents</td>
</tr>
<tr>
<td>0</td>
<td>Aggression to family/guardian</td>
</tr>
<tr>
<td>30</td>
<td>Aggression to Housemate/Peer</td>
</tr>
<tr>
<td>0</td>
<td>Aggression to Other Person</td>
</tr>
<tr>
<td>0</td>
<td>Aggression to Staff</td>
</tr>
<tr>
<td>10</td>
<td>Peer to Peer Aggression</td>
</tr>
<tr>
<td>216</td>
<td>Total Residential Individuals</td>
</tr>
<tr>
<td>0.185</td>
<td>Aggression Incidents/Residential Individual Ratio</td>
</tr>
</tbody>
</table>

**IT System**

**Data For: 01/01/2018 - 03/31/2018** — Base Line Data: 2018-Q1
Data Options
(available for each data set)
Data Graphs
(available for each data set)

By Month

# IR

By Month

2017-04 2017-06 2017-08 2017-10 2017-12 2018-02
14 20 38 14 12 14 4 22
Data Graphs (available for each data set)

By Day of Week

- Sun: 17
- Mon: 51
- Tue: 56
- Wed: 17
- Thu: 31
- Fri: 25
- Sat: 20

# IRs
Data Graphs
(available for each data set)

By Time

<table>
<thead>
<tr>
<th>Time</th>
<th># IR</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 AM</td>
<td>12</td>
</tr>
<tr>
<td>8 AM</td>
<td>13</td>
</tr>
<tr>
<td>9 AM</td>
<td>10</td>
</tr>
<tr>
<td>10 AM</td>
<td>13</td>
</tr>
<tr>
<td>11 AM</td>
<td>20</td>
</tr>
<tr>
<td>12 PM</td>
<td>19</td>
</tr>
<tr>
<td>1 PM</td>
<td>17</td>
</tr>
<tr>
<td>2 PM</td>
<td>8</td>
</tr>
<tr>
<td>3 PM</td>
<td>17</td>
</tr>
<tr>
<td>4 PM</td>
<td>7</td>
</tr>
<tr>
<td>5 PM</td>
<td>38</td>
</tr>
<tr>
<td>6 PM</td>
<td>22</td>
</tr>
<tr>
<td>7 PM</td>
<td>11</td>
</tr>
<tr>
<td>8 PM</td>
<td>2</td>
</tr>
<tr>
<td>9 PM</td>
<td>3</td>
</tr>
</tbody>
</table>
Data Graphs
(available for each data set)
Data Graphs
(available for each data set)

By Incident Location

- FAC, HAB. (ADC, ADL) - 8
- Workshop - 24
- Home, Own - 115
- SGL - 59
- Other - 6
- Community Hab. - 3
- School - 2

# IR
Data Graphs
(available for each data set)

By Age

- 6-17: 2
- 18-30: 55
- 31-45: 104
- 46-60: 33
- 61+: 23

# IR
Data Graphs
(available for each data set)
Data Graphs
(available for each data set)
# Incident Report Narratives

(available for each data set)

## IT System

### Individual List - 30 Individuals Were Returned

---

#### Click then Individual's name or # IRs to view narrative and follow up information.

<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Funding Source</th>
<th># IRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Davis</td>
<td>8/17/1960</td>
<td>Female</td>
<td>51 Some Street</td>
<td>SCIPIO</td>
<td>IN</td>
<td>47273</td>
<td>SGL</td>
<td>2</td>
</tr>
<tr>
<td>Ursula Mee</td>
<td>5/3/1994</td>
<td>Female</td>
<td>291 Some Street</td>
<td>Elizabethtown</td>
<td>IN</td>
<td>47232</td>
<td>SGL</td>
<td>4</td>
</tr>
<tr>
<td>Ursula Mee</td>
<td>9/27/1967</td>
<td>Female</td>
<td>181 Some Street</td>
<td>LA FONTAINE</td>
<td>IN</td>
<td>46940</td>
<td>SGL</td>
<td>3</td>
</tr>
</tbody>
</table>
## Incident Report Narratives

### Export

<table>
<thead>
<tr>
<th>Individual List - 30 Individuals Were Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Export: Copy, Excel, CSV, PDF, Print</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>Male</td>
<td>123 Main Street</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>Female</td>
<td>456 Lakeside Ave</td>
</tr>
<tr>
<td>Bob Brown</td>
<td>Male</td>
<td>789 Sunset Dr</td>
</tr>
</tbody>
</table>

Records per page: 10
Document Upload

IT System

Provider Information
Sample Provider, LLC

DDR Information
Aggression
2018 / Q1

Add DDR Documents
+ Add files...  ⬇️ Start upload  ⚠️ Cancel upload

Uploaded DDR Documents

<table>
<thead>
<tr>
<th>Export</th>
<th>10 records per page</th>
<th>Search:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Upload Date</th>
<th>Document Type</th>
<th>Uploaded By</th>
</tr>
</thead>
</table>

No data available in table
VI. Questions
VII. Contact Information
Contact Information

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