

Quality Management System Review - Summary of Current Status Report November, 2013

In early 2013, DBHDD asked the National Association of State Directors of Developmental Disability Services to facilitate the design of a new “to be” quality management system, building on the current strengths and talent of its existing quality management structure. NASDDDS enlisted Support Development Associates (SDA) to carry out a review of the system.

Background and Context

DBHDD sees quality management practices as key to continuing to improve the way it functions as a department as well as finding ways to continue to enhance the services that are provided, and the monitoring of those services, throughout the state, to people with disabilities. The Department believes that a thorough understanding of quality, and management practices associated with building and assessing quality practices, can be a major lever for continuing to move the system in positive directions.

The SDA “Current Status Report” begins by recognizing the environment in which DBHDD is operating. These factors create the conditions that both limit and propel forward the Quality Management System (QMS) within DD.

As we conducted our review activities, we realized what an accomplishment it has been for the DD Division to develop a QMS over the past five years. It is difficult to develop a QMS within a bureaucracy even during the best of times. DBHDD is operating under a legal settlement administered by the DOJ, with a DOJ consultant monitoring all aspects of the mandated transition of individuals from institutions to the community, with a legislature intent on budget cuts, and with a lack of even minimal resources comparatively. However, to persevere in the QMS development during this time of rapid-change is an impressive accomplishment. The extent of the QMS system in Georgia is more fully developed than many other state DD systems. The infrastructure reaches all of the six regions, and includes a sampling of all provider agencies, which required significant investment of both personnel and finances. This alone deserves recognition and commendation. We believe this is an important starting point for the findings of this report.

Approach

SDA used a variety of methods to conduct its review of the current environment for the DBHDD QMS:

- **Focus groups:** providers, families and individuals, staff (a total of 9 focus groups were conducted)
- **Individual interviews:** state staff in central office and regional offices (a total of 33 people were interviewed)
- **Document review:** requirements that control and direct the activities of services and supports for people with developmental disabilities.

Strengths of Current QMS

- Director of Quality Section for the Division of DD
- Attitude of leadership towards quality (positive attitude and sees the need for further learning and development)
- Development and utilization of Quality Councils

- Collection of data (ongoing collection of a great deal of data related to services provided, compliance, ISPs, person-centered services, etc.)

Findings

The “Georgia Quality Management System” (GQMS) has as its basis data collected by its contractor Delmarva, as indicated on the Division of DD’s website and in its reports. This system is described as the state’s mechanism for “ensuring compliance with the state’s policies and procedures.” However, there is little evidence that the results of the GQMS are well integrated into the overall functioning of the Division of DD. Findings generally fell into these areas:

- Quality in the DD System
 - Definition of quality
 - Quality training
 - Quality councils
 - Processes
- Data Collection and Utilization
 - Systematic data collection methods
 - No clear communication about priorities
 - Using data to drive improvement
- IT Infrastructure Support for Data Use
- Complexity
 - Quality infrastructure – multiple councils and roles
 - Requirements documents overly complex and confusing
- Responsiveness
- Interdependence
 - Extensive focus on compliance
 - Organizational culture - collaboration inhibited across the system

As a way to put these findings into a useable quality framework we organized them under 9 quality values based on the Malcolm Baldrige National Quality Program.

Role-Model Leadership

Person-Centered Service System

Root-Cause Problem Solving

Supportive Work Environment

Decision making and visible results supported by data

Simplification / Reducing Complexity

Planning

Maintaining Public Confidence

Alignment and Integration Among Component Parts

Conclusions

- Motivation to improve: DBHDD Leadership understands the need for and is committed to improving the overall approach to Quality Management within the DBHDD System.

- Progress made: The DBHDD has made significant progress in building the Quality Management System over the last five years in the midst of significant organisational changes. The specific elements worth noting are:
 - Quality Section: The Quality Section staff has some depth with data analysts and regional HQMs. The Director of DD Quality Management is experienced in the DD field and well regarded.
 - GQMS by Delmarva: The Delmarva resources are available for assessing individual satisfaction with services and outcomes as well as assessing the conformance of providers and support coordination agencies with system requirements. Delmarva's FUTAC process allows for technical assistance to providers to improve their performance. Delmarva has recently implemented a real-time data reporting website providing information on its reviews. In addition, Delmarva publishes regular reports that provide results on key measures trended over several years with comparisons to system targets, when available.
 - Quality Councils: There are active quality councils at the state and region levels that meet regularly to identify and address quality-related issues and problems.

- Leverage knowledge within the system: While acknowledging strengths in the current QMS we specifically call attention to several areas for potential improvement:
 - Formal training in the quality discipline for managers and staff.
 - A consensus among system participants as to what "quality" means.
 - Effective use of the data in the system, including little use of data for quality improvement projects and the absence of a systematic approach by Department leadership to review existing data periodically and prioritize findings for state-wide quality improvement efforts.
 - Integration among and across quality councils so that these groups can work in a way that enhances their effectiveness and mutually reinforces their collective efforts.
 - Approaches to identify and share best practices across the system.

- Alignment and integration: The overall management system that must be aligned and integrated to ensure optimum system performance. To focus solely on the QMS would result in ignoring many of the key management system elements that also require attention and must be addressed along with the QMS. In particular, we found these management system elements needing attention:
 - A DBHDD System construct that identifies and clarifies the roles associated with:
 - Customers (Individuals & Families)
 - Advocacy Agencies
 - Employees (State and Regional DBHDD)
 - Support Coordination Agencies
 - Service Providers
 - Medicaid (DCH/DFCS)
 - A clear and consolidated set of service system requirements that simplifies and clarifies the expectations of Support Coordinators and Service Providers
 - Improved communications processes that ensure the right information gets to all of the right parties in a timely manner.
 - An improvement in the organizational culture from one of blame and frustration to one of trust and mutual respect for the key role played by each element and the legitimate needs of each element to get the support it needs in order to excel at its designed role in the system.