

**Delaware Health and Social Services
Division of Developmental Disabilities Services
Dover, Delaware**

Title: Performance Analysis Committee

Approved By: Signed Copy on File w/ PARC Chair
Division Director

Written/Revised By: DDDS Policy and
Records Committee

Date of Origin: April 13, 2007

Date of Current Review/Revision: _____

I. PURPOSE

To establish a Performance Analysis Committee that is charged with the collection, analysis and reporting of data used to measure the Division's performance on quality-related objectives it has set for itself.

II. POLICY

The Division shall collect, analyze and trend data regarding performance indicators identified as important by consumers, stakeholders and administrative authorities with the aim of effecting improvements in its service delivery system.

III. APPLICATION

DDDS Employees and Contractors

IV. DEFINITIONS

- A. Performance Analysis Committee (PAC)- An administrative committee appointed by the Division Director to collect, review and analyze data for the purpose of measuring the Division's adherence to performance measures/priority indicators. The PAC presents analytical reports to various DDDS quality-related committees (e.g., Risk Management, Authorized Provider Committee, Quality Council, etc) and administrators on a pre-determined frequency or as requested.
- B. Performance Analysis Committee Chairperson - The person appointed by the Division Director who is responsible for directing the work of the Performance Analysis Committee (PAC). Responsibilities shall minimally include the establishment of meeting agendas and communicating quality management strategies and techniques with the Office of Quality Management, various DDDS committees (e.g., Division's System Change Grant Committee, the Risk Management Committee), the DDDS Executive Staff and applicable contractors.
- C. Quality Management Strategy - A crucial operational feature used by an organization to determine whether it operates in accordance with approved program designs, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies improvement opportunities.
- D. Data Analysis Report - A quality management report designed to present the outcome of a specific performance indicator(s). Such reports are designed to maximize understanding and readability by a broad audience and include the following elements: the indicator that is

IV. DEFINITIONS *(continued)*

being measured; source(s) of data; displays of the data; analysis of the data in relation to the performance indicator; and a description of past improvement strategies and their resultant effectiveness, when known.

- E. Systems Improvement Strategy Report (SISR) Form – A form to be used by quality-related committees referenced in this policy, other committees, DDDS administrators, as well as contracted service providers to document and report to the PAC Chairperson any systems-level quality improvement initiatives they have taken. These forms and the information contained will be used to track improvement efforts across the division and be used to compile periodic quality reports to the Centers for Medicare and Medicaid Services (CMS).

V. STANDARDS

- A. The Performance Analysis Committee shall oversee the Division's quality management strategies/data sources to ensure that the information collected provides the most accurate measure of performance of the DDDS service delivery system.
- B. The Performance Analysis Committee shall aggregate and analyze data on each of the priority Performance Indicators and report on such to the DDDS Executive Staff, Senior Management Staff and various quality-related DDDS committees. Such reports will be in the form of a Data Analysis Report (see Exhibit C) and will strive to remain as objective as possible, refraining from making judgments or system improvement recommendations. Such will be the responsibility of the quality related committees and division authorities who receive these Data Analysis Reports.
- C. The Performance Analysis Committee shall assist the Division Director/Executive Staff in the development, maintenance and update of a centralized set of desired outcomes and accompanying performance indicators which have been identified by people served, families, administration and other stakeholders as desirable in the DDDS service delivery system.
- D. The Performance Analysis Committee shall interface with Information Technology (IT) with regards to the following activities:
1. Identifying strengths and weaknesses of data sources that are related to performance indicators;
 2. Recommending data base changes and improvements;
 3. Developing specifications and standardizations for outcome/indicator data collection to be used in the design of any data collection software program;
 4. Making recommendations on ways of storing collected data so such is easily retrievable and available for analysis.
- E. The Performance Analysis Committee shall monitor the Division's efforts at QA/QI and its use of discovery, remediation and improvement processes to determine trends and the effectiveness of Quality Management work plans and performance improvement strategies.
- F. The Performance Analysis Committee shall be responsible for keeping an on-going compilation of the various systems improvement efforts (see Exhibit D) made by the Division and communicating such to federal funding entities (i.e. CMS) in annual 373Q and other HCB Waiver-related evidentiary reports, or as otherwise requested.

VI. PROCEDURES

People served and their families, DDDS staff and administration, Providers, etc.

DDDS Director & Executive Staff

Performance Analysis Committee

Quality-Related Committee(s) / DDDS Administrators

Quality-Related Committee / DDDS Administrators / Agency Directors / Others

PAC Chairperson

1. Identify Performance Measures indicative of a quality MR/DD service delivery system. Revise and update over time.
2. Prioritize indicators into a manageable number able to be measured and reported on – being sure that each CMS assurance is addressed.
3. Identify data sources and specific objectives used to measure the Division’s success in meeting each Performance Indicator. Complete a Performance Measure Specifications Worksheet on each prioritized performance indicator. Identify frequency of reports and the quality-related committees/DDDS administrative entities to receive them.
4. Using existing data sources, compile Data Analysis Reports for quality-related committees/DDDS administrators. PAC member(s) present reports to committees.
5. Discuss information in the Data Analysis Reports, as presented by PAC member. Identifies system-wide area(s), if any, that need improvement. Takes appropriate action to effect those improvements. Further information may be sought from PAC or other entities. In developing an improvement strategy, the task may be delegated to individuals or ad hoc groups having more expertise, or may be done by the quality-related committee itself.
6. Completes a Systems Improvement Strategy Report (SISR) Form (Exhibit D) as to what changes will be made to make service delivery or other improvements. Secures any necessary administrative approval, including that of the DDDS Director, and forwards completed form to the PAC Chairperson.
7. Reviews SISR Form as to match with an existing DDDS Performance Indicators, as well as the author’s methodology of collecting information/data to measure strategy success. Assists when and where needed. Files SISR Form according the Performance Indicator it addresses.

VI. PROCEDURES *(continued)*

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|---|-----|---|
| PAC Chairperson / PAC
Committee Members | 8. | Tracks success of improvement efforts and reports on such in subsequent Data Analysis Reports to responsible quality-related committee/DDDS Administrator(s) |
| Quality-Related Committee(s) /
DDDS Administrators | 9. | Reviews the Data Analysis Report and, as necessary, revises improvement strategies to closer meet Performance Indicator objective. |
| DDDS Director / Quality-
Related Committee(s) / DDDS
Administrators | 10. | Over time identifies new priority Performance Indicators to be actively worked on or, as warranted by evidence, moves Performance Indicators on which objectives have been accomplished, to a less priority status. |
| PAC Chairperson | 11. | Compiles annual reports for CMS, Quality Council, etc. as to the overall efforts of DDDS in meeting priority Performance Indicator objectives and the various efforts made by DDDS to improve services. |

VII. SYNOPSIS

This policy outlines the responsibilities of the DDDS Performance Analysis Committee. As the committee develops, so will its role and responsibilities.

VIII. REFERENCES

- A. Home and Community Based Services: Quality Management Roles and Responsibilities, Maureen Booth et al of the Rutgers Center for State Health Policy.

IX. EXHIBITS

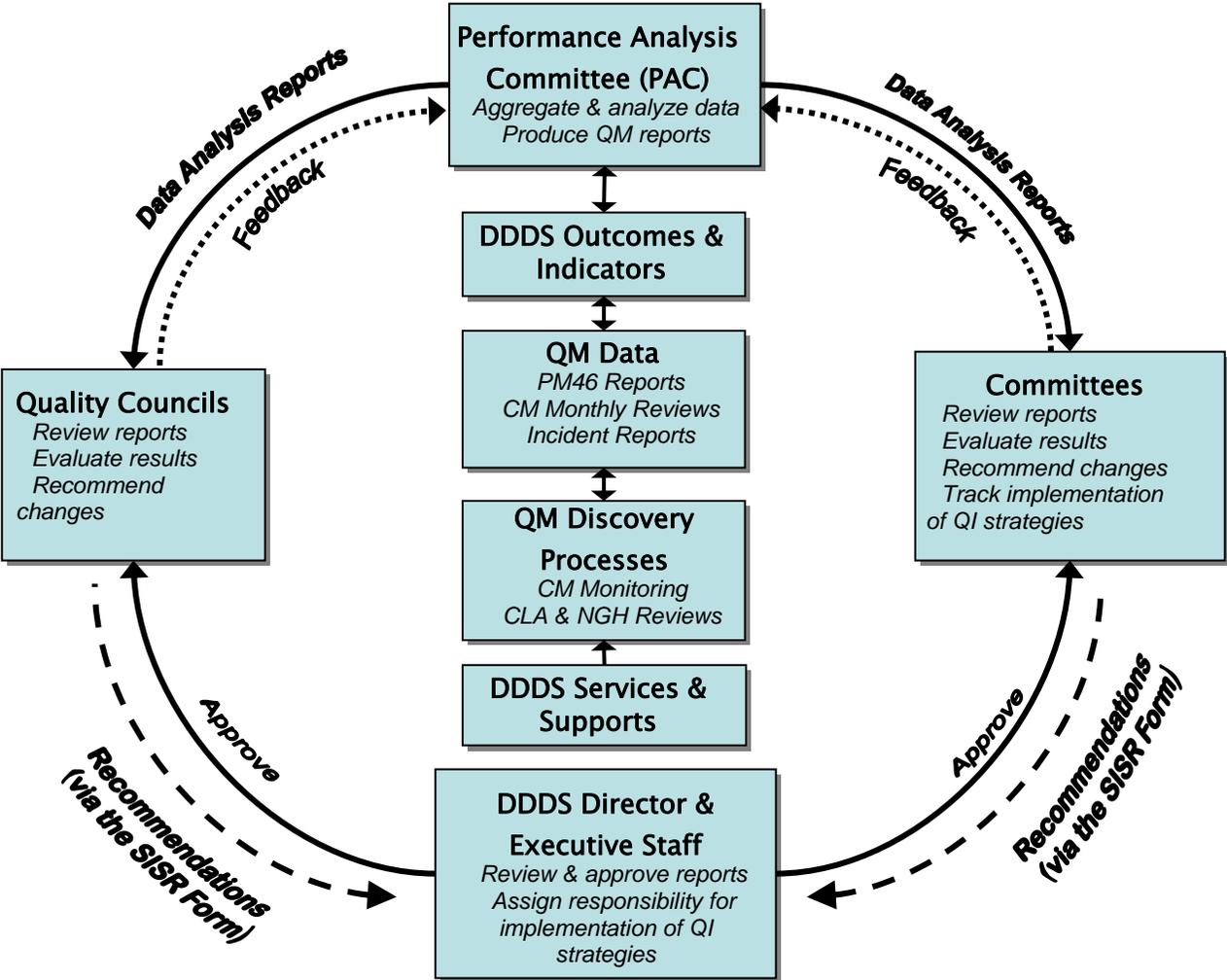
- A. Performance Analysis Committee Membership
- B. Continuous Quality Improvement Cycle Flow Chart
- C. Format for Data Analysis Report
- D. Systems Improvement Strategy Report Form

EXHIBIT A**PERFORMANCE ANALYSIS COMMITTEE MEMBERSHIP**

Members	Department
Scott Phillips	Office of Quality Management / Chairperson
Evalyn Briddell	Office of Quality Management
Jeanne Lawson	Community Services Day Services
Pat Weygandt	Director's Office, Residential Development
Debra Miller	NCC Office of Quality Management
Vacant	K/S Office of Quality Management
Vanessa Deloach	Community Services Director's Office
Lew Miller	Director's Office
Pauline Barcus	Stockley Center
Vacant	Ad Hoc Member

Continuous Quality Improvement Cycle Flow Chart

Division of Developmental Disabilities Services
Continuous Quality Improvement Cycle



**Division of Developmental Disabilities Services
Home and Community-Based Waiver Services
DATA ANALYSIS REPORT**

Reporting period: *Time period of data review*

Date: *Date of report*

Prepared by: *PAC member(s) preparing report*

Prepared for: *The primary quality-related review committee/person(s) responsible for reviewing report, formulating improvement strategies*

CMS Assurance:

The specific system-related assurance mandated by CMS that states address in their quality management strategies

State Domain / Outcome / Performance Indicator:

Pinpoints the specific performance indicator(s) addressed in the report and the corresponding global domain and desired outcome under which the indicator falls.

Abstract:

Brief synopsis of the report presenting most significant findings

Data Source:

What is the source of the information; who collects/maintains it; frequency of data collection/information gathering etc.; who follows-up and who has authority to ensure that necessary actions are taken?

Should also describe what portion of the population is covered (e.g., adults, waiver recipients), what services are covered (e.g., employment/day, residential), what dates the data represents (e.g., last three months, year, fiscal year) and if this represents the whole population of a sample.

Data:

Presentation of the aggregate data displaying statewide and sub-state trends (where applicable). The presentation should be in easy to follow formats such as pie charts, bar graphs etc. Note that it is helpful to the state and CMS if the current data is compared to data from previous reports. Where needed, provide a brief explanation of what the data means. For example, if aggregate data shows the % of provider compliance issues, present the data in terms of the total number of providers surveyed. Displays of raw, un-aggregated data should be avoided (e.g., list of critical incidents, listing of results of all provider surveys).

Analysis:

State's written analysis of the data noting significant trends that will warrant follow-up and improvement strategies. This should compliment the previous section and be used as a means of highlighting specific issues that be presented in the next section. Note that this can be combined with the previous section.

Conclusions and actions taken/improvement strategies for the reporting period:

Discussion of the state's improvement plan including strategies, how it will be implemented, and who will be responsible for monitoring implementation.

Follow-up on actions taken from previous reporting periods:

Provides an update on the progress of an improvement strategy has already been implemented.

**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
SYSTEMS IMPROVEMENT STRATEGY REPORT FORM**

Date:

Performance Indicator No.:
(if known / applicable)

Prepared By:

Position:

Improvement Strategy to be Implemented:

Brief Description of Problem Addressed:

Desired Outcome:

How will Outcome be Measured:

Expected Date Strategy will be Implemented:

Parties Responsible for Implementing Improvement Strategies:

Send Completed Form to PAC Chairperson, Office Quality Management, 26351 Patriots Way,
Georgetown, DE