

Planning and Implementation of a Centralized Reporting System and Centralized Quality Improvement Program

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EXECUTIVE SUMMARY

The Human Services Department (HSD) in Santa Cruz County is currently working toward the development of a Centralized Reporting System and a Centralized Quality Improvement (QI) program. It is quite possible that both the Centralized Reporting System and the Centralized QI program will help the HSD meet state, federal, and local mandates. It is important to note that the Centralized Reporting System and the Centralized QI program have executive level sponsorship to help ensure their viability within HSD.

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Introduction

It is arguable that a Centralized Reporting System (e.g. dashboard reports) and Centralized Quality Improvement (QI) program can improve upon almost any county human services program. Santa Cruz County has chosen to put the foregoing idea into action. The county obtained executive level sponsorship, proposed standardization for centralization of a QI program in the Human Services Department (HSD), and then pursued a project plan to make it a reality. While some might see it as a small county in the state of California, Santa Cruz County (SCC) is attempting to do big things, including an across-all-divisions QI program in their HSD. Clearly, SCC wants to slay the myth that you can only do so much with a small group of people. SCC is attempting to stretch the outer edge of the envelope by proving that a highly effective and efficient group of staff can do far more by utilizing dashboard reports, a shared common language including program and reporting definitions, research, a work plan, and setting some QI program expectations.

SANTA CRUZ COUNTY'S CENTRALIZED REPORTING AND CENTRALIZED QI PROGRAM

SCC has decided to utilize its Planning and Evaluation Division within the HSD to implement a Centralized Reporting and Centralized QI program. The goal of the program appears to include leveraging the current Quality Assurance (QA) and Quality Control (QC) practices that already take place in the HSD. Moreover, it appears that the program has been conceived with the idea in mind of improving both efficiency and effectiveness of the QA/QC process. This

can be done through the use of a shared common language that is bolstered by the use of dashboard reports.

Dashboard Reports

Executive level managers are already using some of the required dashboard reports for the QI program as a tool to analyze the department's progress with respect to achieving state and/or federal mandates. Managers are able to tell by simply glancing at the dashboard reports if they are meeting federal and/or state mandates. In particular, the managers of HSD maintain an active interest in the following dashboard report indicators: Work Participation Rate (WPR); CalFresh Inreach (Medi-Cal); Face to Face Contact Compliance; In-Home Supportive Services (IHSS) Assessment Timeliness; and Expedited Cal-Fresh Application Timeliness.

The dashboard reports serve to simplify data collected by one or more automation systems in the HSD. The reports utilize symbols (e.g. arrows, crosses, and check marks) and colors (e.g. red to indicate failing to meet a mandate, or green to indicate achieving compliance with a mandate). These symbols make reading the reports a breeze for any manager that needs to know about the status of their programs at a glance. One could easily argue that the reports require very little in the way of an explanation to understand. The text that appears on the reports is at once succinct and functional, conveying an understanding to the reader.

Although the dashboard reports help to convey a sense of the "as-is" state of efficiency in the HSD, the "to-be" is anticipated to bring about a more

efficient state, which shall serve to ensure compliance. It further appears that there is a desire to have the QI program rely on key performance indicators for the purpose of identifying systemic and/or aggregate problems.

Some of the performance problems in the HSD appear to be linked to a lack of standards across the divisions. Hence, one could easily understand why one of the aims of the QI program is to create a centralized set of standards that will help to galvanize new partnerships within the department.

A Common Language

One goal of the Centralized Reporting and Centralized QI program is to ensure a standardized set of procedures and protocols across all divisions within the HSD. It appears that the Planning and Evaluation division within HSD will be attempting to reduce rework for the programs that it administers. This can be done by employing a strategy that calls for all divisions to employ QA and QC teams that report directly to the Planning and Evaluation Director. It is expected that teams of QA and QC staff will be working in each of the HSD divisions. These teams will be required to report to the Planning and Evaluation Director for the purpose of ensuring a uniform set of operating principles. The operating principles in this case would arguably help to formulate the shared common language across the divisions within HSD. The shared common language is expected to act as a galvanizing agent amongst the various divisions.

It appears that an initial effort has already been made to ensure that a shared common language will be used throughout the whole of HSD. In particular, one might conclude that the initial work plan for the Centralized Reporting and Quality Improvement Program will include terms and definitions that were shared with senior management and certain staff members on July 31, 2012. This was done via a detailed presentation entitled "How Do We Maximize Our Quality Improvement Efforts?" The presentation was given by the Director of Planning and Evaluation in an effort to create a shared understanding of how the HSD needed to rethink the way it uses

terms such as quality assurance, quality control, and quality improvement. Additionally, the presentation addressed concerns such as program integrity, activities by division, and the overall QI program structure for the HSD.

It is also anticipated that the common shared language will include special definitions for terms that apply to internal customers. Special definitions will also be included for external customers of the programs that are administered by the HSD.

Research

The HSD Planning and Evaluation Division is focused on both QI and research. While QI and research are generally distinguished by the latter leaning toward gaining generalized knowledge, the former is normally more focused on "a formal approach to the analysis of performance and systematic efforts to improve it" (Duke University, 2013). While the foregoing definition may meet the needs of many, the HSD Planning and Evaluation Division has chosen to propose that "QI be the term that means the umbrella of activities... [It also includes] Quality Control with a new emphasis on centralization and standardization of all of the activities" (Noya, 2013c). The foregoing serves to suggest that research will be a contributing factor to how the QI program is operated.

It appears that the Planning and Evaluation Division has planned to perform a number of studies. Some of the studies that will serve to augment the QI program are as follows: customer surveys, staff knowledge surveys, staff opinion surveys, and staff satisfaction surveys (Noya, 2013c).

Work Plan

The work plan for the Quality Improvement teams takes into account the need for facilitators,

Quality Improvement specialist, program liaisons, human services program subject matter experts, data analyst, and trainers. The work plan also appears to take into account some of the mandated activities for the Quality Assurance/Quality Control teams. It is anticipated that some of the activities will be as

FIGURE 1
PDSA QI Model

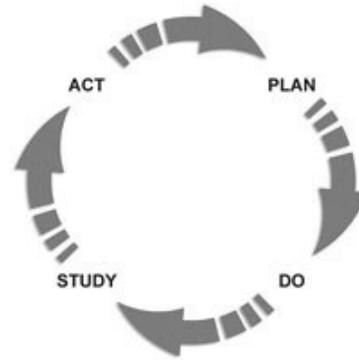
PLAN: Plan a change or test of how something works.

DO: Carry out the plan.

STUDY: Look at the results. What did you find out?

ACT: Decide what actions should be taken to improve.

Repeat as needed until the desired goal is achieved.



PDSA QI Model Source: Duke University Guidance on Quality Improvement: Patient Safety – Quality Improvement

follows: primary data collection for work participation rates and Peer Quality Case Review (PQCR); analysis of outcome measures associated with Child and Family Services Review (CFSR); and local secondary data analysis, e.g., Medi-Cal timelines and application timelines.

Targeted QI activities will entail some or all of the following: primary data collection obtained through the use of customer satisfaction surveys, and targeted reviews of the data obtained through the use of data collection protocols. Additionally, performance and outcome measures will be used to validate permanency issues associated with Family and Children Services (FCS).

It is anticipated that the QI team will employ local secondary data analysis focus by reviewing the following: CalFresh (CF) participation in Employment and Benefits Services Division (EBSD), crossover in FCS, and analysis of IHSS desk review data and home visit data.

Although not all of the divisions within HSD will perform all of the same QI functions, they are expected to adhere to the same standards. The definitions for the key performance indicators will be the same across all divisions. Similarly, supervisor and peer case reviews are expected to adhere to a set of standards that will ensure compliance with all pertinent policies and procedures.

QI Program Expectations

The QI program will serve to ensure that key performance indicators, internal processes, and external processes function in a manner commensurate with the expectations of the agency director. Moreover, it is anticipated that the QI program shall be used in all of the following divisions: Administrative Services (including Fiscal, Information Technology, and Special Investigations Unit); Administration (including Planning and Evaluation/Quality Improvement); EBSD; FCS; and Adult Long Term Care (ALTC).

The EBSD currently has a QA unit that is considered to be a part of the Planning and Evaluation Division's eventual QI program. The members of the QA team currently work with other members of the Planning and Evaluation/Quality Improvement program. While it might be easy to think of the QA team as part of a pilot program, it is not. The current QA team is part of a larger plan to roll out the QI program all at once, across all divisions in the HSD. The foregoing is based on the idea that the HSD plans to engage in a "Plan, Do, Study and Act" (PDSA) practice (*Figure 1*) that will allow them to continually improve upon the efficiency and effectiveness of the systems used to administer their human services programs.

Conclusions and Recommendations

One might have the supposition that SCC has elected to pursue a fairly ambitious set of tasks: implementation of a Centralized Reporting System and a Centralized Quality Improvement program. However, it appears that their decision to pursue such lofty goals is predicated on having executive level sponsorship and the pursuit of a shared common language for their QI program. It is arguable that SCC has correctly taken its first steps toward positive change. The idea that the HSD has chosen to utilize dashboard reports helps to firmly establish in one's mind that the managers of SCC intend to be well informed about their ability to meet local, state, and federal mandates.

SCC's HSD Planning and Evaluation Division appears to have put forth considerable efforts toward its planning process by acknowledging the need for dashboard reports, a common shared language, research, a work plan, and some QI program expectations.

Furthermore, SCC has taken the stance that a shared language coupled with centralized protocols and procedures are required to make its QI program work. One might conclude that the QI program in SCC intends to focus on the process and recognize both internal and external 'customers' while promoting the need for objective data to analyze and improve processes (U.S. Department, 2013). Clearly, along with some much-valued research, SCC's QI program can achieve a full understanding of how to best meet the needs of both its internal (i.e. supervisors, staff, and clients) and external (i.e. federal and state) customers.

Contra Costa County (CCC) would do well to pay attention to the lessons that SCC is in the process of learning. Santa Cruz County is in the process of moving from their current state ("as-is") to their desired ("to-be") state. Hence, one might expect to see an efficient and effective QI program that brings about positive changes for both their internal and external customers.

If CCC's Employment and Human Services Department (EHSD) chooses to implement a QI program, then it is very likely that many of the human services programs administered by EHSD managers would become easier to manage.

The EHSD currently has a number of dashboard reports that have been created by its Application Support/Reports Development Team. However, the reports do not serve to give a clear indication about all programs that are administered by the department. Moreover, a common shared language does not appear to exist for a QI program because the department does not have a QI program. As of today, EHSD currently utilizes one team to conduct its QA functions and another team to conduct its QC functions.

Contra Costa County's EHSD might do well to implement a QI program for the purpose of reducing rework, and improving efficiency and effectiveness. It is arguable that a Centralized QI program would also help EHSD managers to gain a better understanding of the systems that are used to provide services to both its internal and external clients.

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