

REPORT TO THE LEGISLATURE

**Uniform quality assurance metrics:
Measuring quality in residential settings**

ESSB 5092 Sec. 203 1(E)
Chapter 334, 2021 Laws PV
ESSB 5268 Sec. 7 (1)(2)
Chapter 219, 2022 Laws
ESSB 5693 Sec. 203 1(E)
Chapter 297, 2022 Laws PV

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Overview

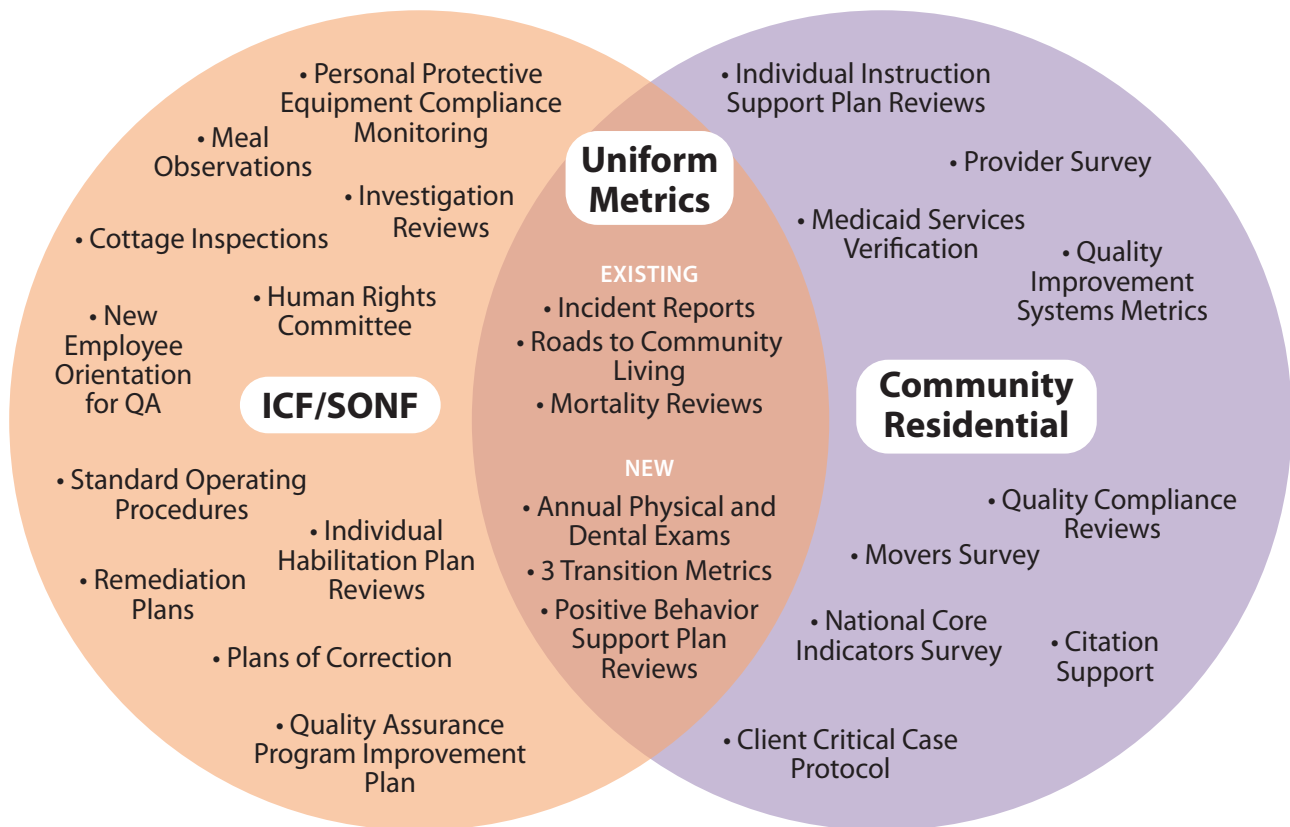
In Engrossed Substitute Senate Bill 5268 and the 2021 and 2022 biennial operating budgets, the Washington State Legislature directed the Department of Social and Health Services Developmental Disabilities Administration to collaborate with stakeholders to develop uniform quality assurance metrics across community residential, intermediate care facilities and state-operated nursing facilities.

Below is a list of residential services we are including:

- [Intermediate Care Facilities.](#)
- [State-Operated Nursing Facilities.](#)
- [Alternative Living.](#)
- [Companion Homes.](#)
- [Group Homes.](#)
- [Group Training Homes.](#)
- [Supported Living.](#)

This report details our actions to expand existing quality assurance metrics across additional settings. In addition, we are creating new uniform metrics across community residential, intermediate care facilities and state-operated nursing facilities.

The Evolution of Quality Assurance



Quality assurance metrics: Measurements that show us how well our services are doing. They are usually a set of data and facts that can be used to measure how well we perform in meeting standards.

This report includes information on how we created and applied uniform measurements. The report details the following activities:

- Launching a project to address priorities set by Legislature.
- Collaborating with stakeholders.
- Developing a list of additional metrics to be added as time and resources are available.

“The quality starts with the staff that are working directly with the individuals.”
—Survey respondent.



Background

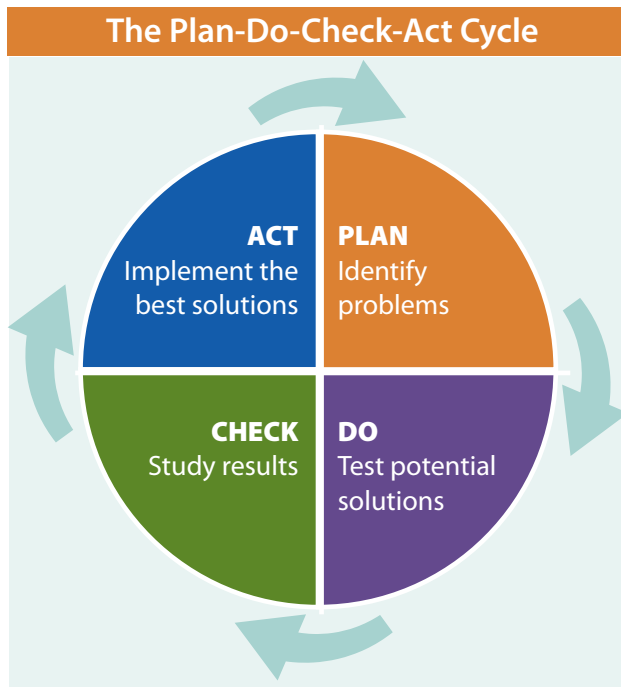
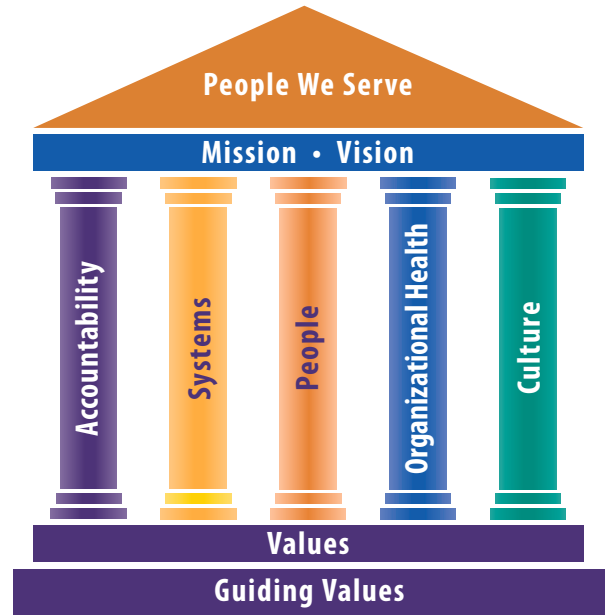
Quality Assurance Snapshot

We strive to give people with intellectual and developmental disabilities high-quality services and supports. To ensure our programs meet people’s needs and deliver quality, we check how well our services are doing. We use this process to determine if a service meets quality standards. Developing and using uniform quality assurance metrics will allow us to look at quality in the same way across different community residential settings and Residential Habilitation Centers. Metrics are data and facts that can be used to measure how well we meet standards.

Quality Framework

We introduced the Pillars of Quality in early 2021 to provide a framework for us to review and refine our quality management system. The pillars reflect our commitment to quality and show how our values connect with our [mission and vision](#). Our quality efforts focus on:

- Accountability.
- Systems.
- People.
- Organizational health.
- Culture.



Continuous Improvement

When measurements indicate that a problem may exist, we use root cause analysis and other methods to understand the heart of the issue. The Plan-Do-Check-Act Cycle is one tool we use to solve issues once identified. It guides us as we collaborate with others to make improvements and carry out any changes needed.

Our quality management efforts focus on our Pillars of Quality, root cause analysis and the Plan-Do-Check-Act model for continuous improvement.

Ruckelshaus Workgroup

In 2018 a legislatively created stakeholder workgroup facilitated by the William D. Ruckelshaus Center in collaboration with the University of Washington, recognized that we needed to improve our quality assurance system. They discussed ways to transform services for individuals with intellectual and developmental disabilities. The group's recommendations were included in the [2019 report to the Legislature, Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services](#). As a result of this work, ESSB 5268 passed in 2021 aimed at transforming services for individuals with intellectual and developmental disabilities. For access to reports produced from the Ruckelshaus effort, please see [DDA Reports | DSHS \(wa.gov\)](#).

The Ruckelshaus workgroup recommendations included the ongoing use of uniform quality assurance metrics across community residential, intermediate care and state-operated nursing facilities to ensure these programs consistently provide the best services. The report also stated that it would be necessary to "increase quality assurance infrastructure to monitor growth and service delivery."¹ Additional resources to further develop this infrastructure would improve our ability to provide technical assistance to residential providers. It would allow us to focus our technical assistance on certain areas, such as Positive Behavior Support Plans. We would also be able to support providers when the metrics identify that intervention may be needed.

Our Activities

Approach

We launched a project in 2021 to accomplish the Legislative request. Our approach for this project included:

- **Stakeholder Engagement** – we provided various opportunities for stakeholders, both internal and external, to share their thoughts on what was important to and for people living in the settings covered by this project.
- **Historical Review** – we reviewed our historical quality management system and took inventory of our current quality assurance metrics.
- **Best Practices in Other States** – we reviewed quality assurance measures and best practices across other states.
- **Gap Analysis** – we gathered information on our current quality assurance measures to determine areas where there may be gaps.
- **Washington State Data** – we reviewed how we are currently sharing data with the public.

Each step of this process gave us an opportunity to assess our current state and to establish where we want to be in the future.

¹*Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services*

Stakeholder Engagement

This report reflects input from stakeholders, including:

- Self-advocates.
- Family members.
- Intellectual and developmental disability community.
- Advocacy organizations.
- Community Residential Providers.
- Quality assurance directors at intermediate care and nursing facilities.
- Washington State Developmental Disabilities Council.
- Internal subject matter experts.

Show & Share Events

In early 2022, we held two Show & Share listening events to gather feedback from stakeholders. We heard stakeholders share ideas on what quality services and supports look like to the intellectual and developmental disabilities community.



Stakeholder Meetings and Focus Groups

Throughout the project we met with different groups of stakeholders including people receiving supports, self-advocates, family members and providers. We also met with internal stakeholders including Residential Habilitation Center and program staff. Attendees shared what quality means to them and their feedback helped us identify areas of focus. This feedback supported us as we identified areas of focus.

For example, the Self-Advocates Advisory Committee advised that it was important to include

“Great! You were able to add in the changes that were suggested, and I think it will improve your reporting. It’s excellent.” – Self Advocate Advisory Committee Member

measurements around client rights and satisfaction surveys. This feedback helped us review our current efforts and identify areas where we could make improvements. We reported back to the committee our changes and they appreciated that we listened to their feedback.

Stakeholder Survey

We sent survey invitations to over 29,000 recipients in our GovDelivery communication system. In this survey we asked people about their thoughts on the new metrics, ideas for future metrics and additional suggestions. We heard from:

- Self-advocates.
- People receiving services.
- Parents.
- Family members.
- Tribal members.
- Unpaid care providers.
- Paid care providers.
- Organization representatives.
- Professional guardians.
- DSHS staff.

Gathering input from stakeholders, both internal and external, was key to developing the focus areas. Every group of stakeholders who we met with had important feedback and suggestions related to this project.

Historical Review

An early project activity involved reviewing our existing quality assurance system. Most of the data that we historically collected is specific to an individual setting or service. The lack of uniform quality assurance measurements makes it challenging to review quality across different residential settings. We appreciate the opportunity that the Legislature has given us to look at our system with a holistic focus.

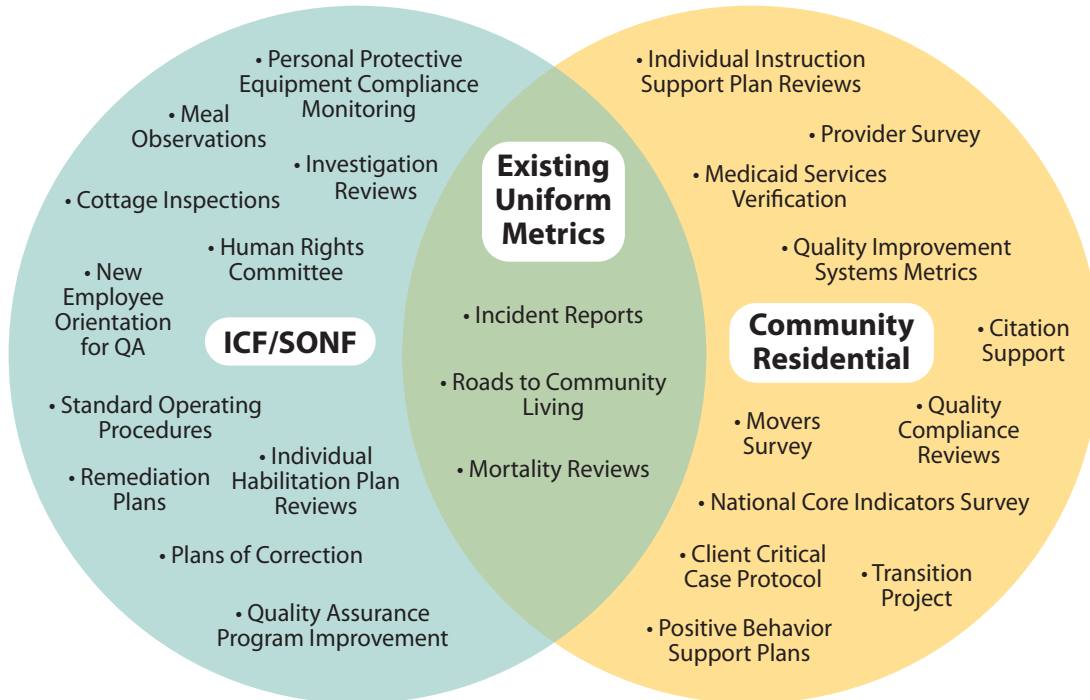


*"Have to be person-centered - giving people the opportunity of choice, to be out in the community, having staff that are trained to support them if there are things that they need behavior-wise or challenges. Really looking at what we all want out of life."
– Show & Share Participant*

Inventory

As a part of this project, we took an inventory of our current existing metrics to see what we review in each setting. This included looking to see if anything we are doing could be expanded across settings.

Existing Metrics

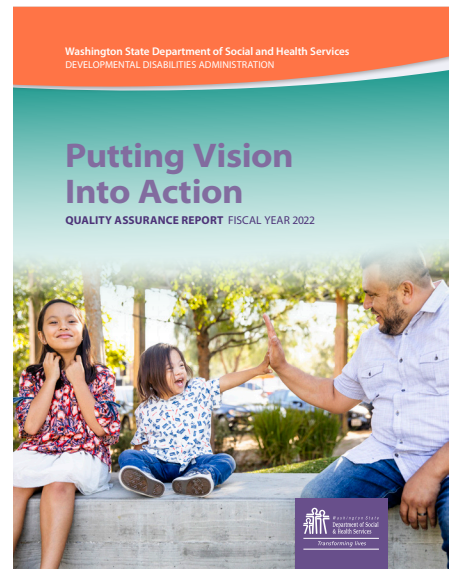


Washington State Data

The data that we collect is shared in a variety of reports and platforms. The Putting Vision into Action: Quality Assurance Report, describes our efforts each year and shares information with stakeholders and the Legislature. We worked with stakeholders to refocus the latest annual report to better showcase the data we collect and the story it tells.

Gap Analysis

Currently, many of the measures that we track are related to regulatory requirements. Our focus is to evolve from being responsive or reactive in tracking metrics, to a system of continuous quality improvement. This will help us tell a story with the data we collect, improve our programs and services, and allow for consistency across residential settings. It will also assist us in creating better transitions for people who move between settings and consistency throughout the process.



New Uniform Metrics

Part of this project included the creation of new uniform quality assurance metrics. When we looked at existing metrics, we identified opportunities for growth and ways for some measurements to be applied across settings. This work is reflective of the Pillars of Quality and representative of all people regardless of whether they live in community residential settings or Residential Habilitation Centers.

Criteria for New Metrics

Through conversations with stakeholders and our review of existing metrics, we have worked to create uniform metrics in the following focus areas:

- **Transitions.**
- **Client Rights.**
- **Health and Safety.**

Gathering input from stakeholders, both internal and external, was key to developing the focus areas. Every group of stakeholders who we met with had important feedback and suggestions related to this project.

Uniform Metrics Across Settings

Transitions

Measure: Number of people in Residential Habilitation Centers compared to those in community residential settings: Alternative Living, Companion Homes, Group Home, Group Training Home and Supported Living.

Why: To follow the number of people living in each setting and to determine the number of people who are transitioning from the Residential Habilitation Centers.

Data to report:

- Total number of people in Residential Habilitation Centers.
- Total number of individuals in Residential Habilitation Centers + number of individuals in community residential settings.



“Quality in residential settings should start with a trusting relationship between the person with disabilities and the support around the person.”

– Show & Share Participant

People in Residential Habilitation Centers =

Total number of people in Residential Habilitation Centers

Total number of individuals in Residential Habilitation Centers + number of individuals in community residential settings.

Transitions

Measure: Number of people who remained in their setting of choice for at least one year.

Why: To support people moving out of Residential Habilitation Centers to their setting of choice.

Data to report:

- Total number of people who remained in their setting of choice for at least one year.
- Total number of people who moved from Residential Habilitation Centers into the community.

Transition Success

Total number of people who remained in their setting of choice for at least one year.

Total number of people who moved from Residential Habilitation Centers into the community.

Transitions

Measure: Number of people with referrals for residential services in process.

Why: To support someone who wants to move from the Residential Habilitation Centers through the referral process.

Data to report:

- Total number of people with referrals in process.
- Total number of people living in Residential Habilitation Centers who have requested to move.

Referrals

Total number of people with referrals in process.

Total number of people living in Residential Habilitation Centers who have requested to move.

Client Rights

Measure: Number of people who have department approval for restrictive procedures.

Why: To determine if people with a restrictive procedure in place are working towards having a plan which is the least restrictive.

Data to report:

- Total number of people who have department-approved restrictive procedures in place.
- Total number of people who have Positive Behavior Support Plans in place.

Restrictive Procedures

Total number of people who have department-approved restrictive procedures in place.

Total number of people who have Positive Behavior Support Plans in place.

Health and Safety

Measure: Number of individuals who received an annual physical and dental exam.

Why: To determine if individuals are receiving preventative medical and dental services and supports. They are an integral part of a person's health journey and can provide opportunities for preventive services and supports for other medical needs.

Data to report:

- Total number of individuals who received an annual physical and dental exam.
- Total number of individuals in Residential Habilitation Centers + number of individuals in community residential settings

Medical and
Dental Exams

=

Total number of individuals who received an annual physical and dental exam.

Total number of in Residential Habilitation Centers + number of individuals in community residential settings.

Each of these new uniform metrics will be added to our Putting Vision into Action: Quality Assurance Report starting in Fiscal Year 2023. This report is being reconceptualized and designed with the support of DSHS' Research and Data Analysis as part of a two-year project that began with the Fiscal Year 2022 report.

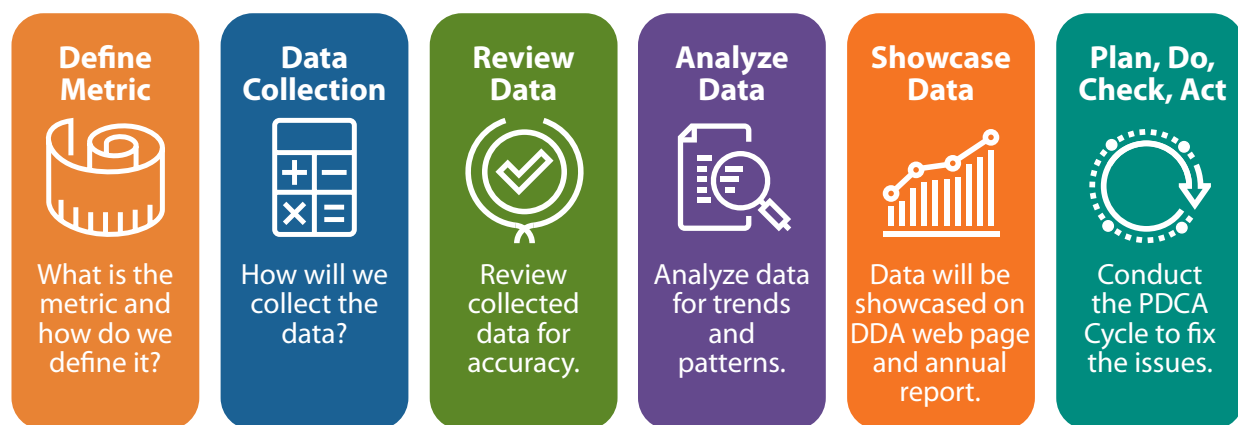


Quality in Residential Settings Program

Quality assurance is a continuous process. The final phase of this project is to launch a new Quality in Residential Settings Program that will better utilize the data and metrics that we currently have in place and are working to create. Through a collaborative approach, this program will have ongoing oversight to ensure the measurements are uniform, relevant and useful as we strive to continuously improve our services.

Below is a quality metric system that we will use for the program, which includes defining the metric, collecting data, reviewing and analyzing the data, showcasing the data and then conducting the Plan-Do-Check-Act Cycle. This will allow us to do continual process improvement through all stages of development.

Uniform Quality Metric System



Uniform Quality Metric System

We will use the Uniform Quality Metric System to manage the metrics in collaboration with:

- Internal and external stakeholders to provide feedback on current and proposed metrics.
- DSHS' Research and Data Analysis to explore and describe improvements along the metric development process and to support us with other areas of the quality metric system such as statistically meaningful sample sizes, analyzing data and validating data.
- Transition Care Management staff to collect and review data as we support individuals through transitions from one setting to another.
- Other quality assurance staff to analyze and review data as well as be a part of the Plan-Do-Check-Act process when reviewing the metrics.

Desired Future Metrics

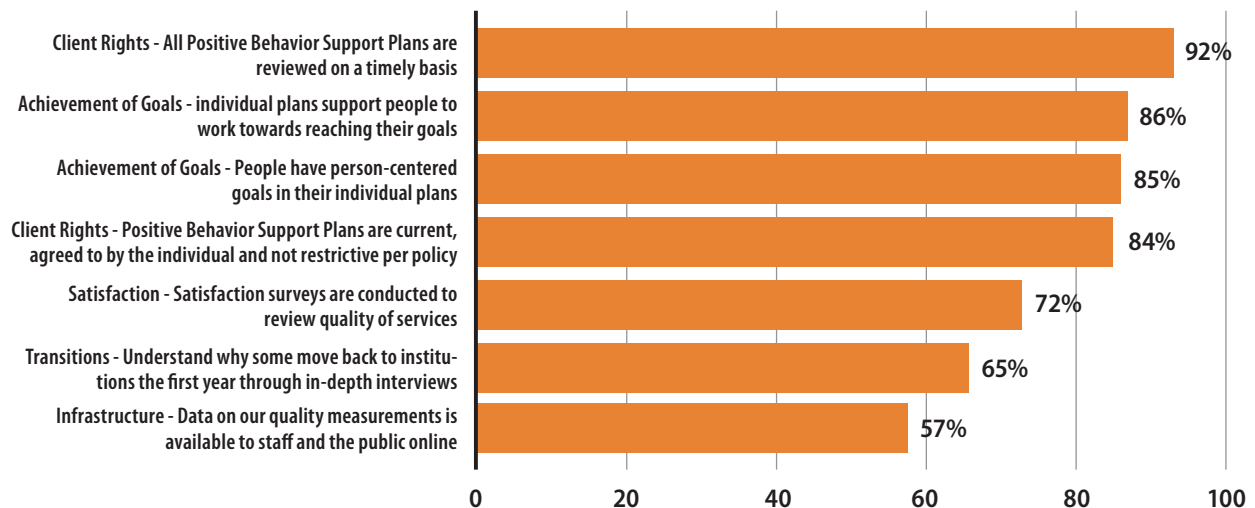
What we heard from stakeholders

We met with stakeholders throughout the development of these uniform metrics. They challenged us to expand the metrics to include what they felt was most important and meaningful. Our final list of metrics includes things that were important to stakeholders, but they feel there is more work to be done:

- Transitions
 - Supports for people who have recently moved to a community setting, so that they remain in their community setting of choice.
- Client Rights
 - Positive Behavior Support Plans are reviewed to ensure supports are provided in the least restrictive setting and in the least intrusive manner.
- Person-Centered Goals
 - Individual plans have goals that are person-centered.
 - Individual plans support a person towards goal progress.
- Satisfaction
 - Satisfaction surveys are conducted to review quality of services across settings.
- Infrastructure
 - A foundational infrastructure is created to move DDA forward with quality assurance.

In the recent survey, we asked people to tell us what they thought about the proposed metrics listed above. The majority of respondents agreed that the proposed metrics are important.

Percentage of respondents who agreed proposed metric ideas were important





*"I believe the list above are all important and will ensure clients have the support they need to be successful in community settings."
– IDD community stakeholder*

We finalized as much as possible with current appropriations under the timeframe allowed for this report. We will work to increase the number of uniform metrics we collect and continue to review stakeholders' desired future metrics under the ongoing program. To fully implement the stakeholders' suggestions, we would need additional resources.

Summary

Continually Improving Supports with Uniform Quality Assurance Metrics

This project has allowed us to look at quality assurance from a new perspective, to create new metrics and expand current metrics to additional settings. Each of the metrics will make an impact on those we support by allowing us to check quality for people moving out of institutions, accessing routine medical care and having Positive Behavior Support Plans that aren't restrictive per policy. These metrics are just the beginning. Through the Quality in Residential Settings Program, additional measurements will be reviewed. Follow us on our journey towards quality improvement through the Putting Vision into Action: Quality Assurance Report starting in Fiscal Year 2023.

*"Always centering, including the person in the decision making. . ."
– Show & Share Participant*

