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## **PURPOSE**

The purpose of this departmental directive is to establish the conceptual framework for the Department of Disabilities and Special Needs (DDSN) Quality Management Systems.

## **CONTEXT**

The organizational context within which DDSN provides services and supports has been well established through the creation and publication of its Vision, Mission, and Values Statements.

**VISION:** To provide the very best services to assist individuals with disabilities and their families.

**MISSION:** Our mission is to assist individuals with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals; and minimize the occurrence and reduce the severity of disabilities through prevention.

**VALUES:** Health, safety and well-being of each individual; dignity and respect for each individual; individual and family participation, choice, control and responsibility; relationships with family, friends and community connections; personal growth and accomplishments.

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## SUMMARY

DDSN shifted from a quality assurance process oriented toward inspection and licensing to a quality enhancement process based in person-centered outcomes and customer satisfaction in 1998. DDSN has a nine-tiered, multifaceted, coordinated risk management/quality assurance/quality improvement program that is based on national best practices.

- A. **Risk Management:** Risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. We call this purposeful redundancy so we can assess from multiple angles the status of the health and welfare of the individuals we support. The three primary risk management activities are:
- 1) **Traditional Activities:** DDSN and its provider network are involved in all of the traditional areas of risk management that are common to any operating business that owns buildings, vehicles, equipment and that hires employees and deals with the public. These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation.
  - 2) **Consumer Oriented Activities:** Since DDSN and its providers are not manufacturers of products, but rather are a service and support network that is intimately involved in the lives of thousands of consumers, much of the risk that occurs is a result of the responsibility that the provider has to care for people with individualized special needs 24-hours a day, 7 days a week, 365 days a year. Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals, and mortality.
  - 3) **Consumer Determined Activities:** This is an area of Risk Management that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. At the core of all of these issues is the balance between the individual's right to determine the direction and quality of his/her life and DDSN's duty to protect the individual from foreseeable harmful occurrences. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre-approval of plans of service, ongoing Case Management monitoring of service delivery, the annual planning process, and human rights committees.
- B. **Quality Assurance:** Quality Improvement Activities - Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program

must rest on a foundation of health, safety, and financial integrity. Quality Assurance/Quality Improvement activities strive to increase positive occurrences in the lives of individuals served.

- 1) **Licensing Activities:** DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. South Carolina state law requires licensing of day programs and residential facilities. The law permits the establishment of standards for the qualifications of staff, staff ratios, fire safety, medication management, consumer health and safety and the like. DDSN contracts with a licensing entity to coordinate licensing inspection activities. Additional inspections may also be coordinated with the Department of Social Services (DSS) and the State Fire Marshall's Office. Follow-up licensing reviews are completed to assure that corrective action for deficiencies has been taken.
- 2) **Contract Compliance Activities:** The second component of this elaborate Quality Assurance/Quality Improvement system is the work done by a private company, a Quality Improvement Organization designated by the Federal Centers for Medicare and Medicaid Services (CMS). DDSN, under contract with the Quality Improvement Organization, conducts a Quality Assurance review on every provider in the system to measure and evaluate the health and welfare of people receiving services. The reviews may take place every 12 to 18 months, depending on provider performance. As part of their activities, the Quality Improvement Organization, with the assistance of the Human Services Research Institute, uses three (3) nationally recognized surveys which are administered to 10% of DDSN consumers and their families on an annual to bi-annual basis, and if funding is available. The surveys have been tested by the Human Services Research Institute for reliability and validity on persons with an intellectual disability or related disability and their families and 43 states across the country use or have used these survey instruments.
- 3) **Personal Outcomes Measures:** Another way DDSN assesses consumers' health, welfare, and satisfaction is through a contract DDSN has with The Council on Quality and Leadership, a nationally recognized accrediting organization. Historically, measures of quality were often far removed from the actual impact services had in the lives of the consumers. As the nation's long term care system's quality measures have evolved, the indicators over the past 20 years have continued to focus more on the service users and their personal goals. The Council on Quality and Leadership uses Personal Outcome Measures to help DDSN determine how well services and supports are helping an individual achieve personal goals.
- 4) **Consumer/Family Satisfaction Measures:** These measures typically have a larger affective component than personal outcomes. It is very possible for a consumer to have met all of his/her personal goals, but still feel dissatisfied with life or the services and supports he/she is receiving. Thus, measures of consumer

satisfaction must go hand in hand with person-centered goals in order for an agency to be truly person-centered. Consumer and family satisfaction surveys are conducted annually to bi-annually using a planned redundancy model. Each service provider is required to develop and administer their own satisfaction survey. Results are tabulated and identified areas of weakness are addressed for correction. In addition, as mentioned earlier, DDSN through its contract with a Quality Improvement Organization administers three (3) national standardized satisfaction surveys to 10% of its service population on an annual to biannual basis.

- 5) **Quality Enhancement Activities:** With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the DDSN system. In collaboration with the Council on Quality and Leadership, DDSN designed a quality enhancement process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council's Basic Assurances® and Shared Values®; therefore, much of the work focuses on the organization's leadership, systems and quality management and planning. Team members talk with a variety of employees throughout the organization, meet with individuals receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes, learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug reviews and self-advocacy efforts. Ultimately the team synthesizes all the information and jointly, with the provider, identifies the strengths of their system and develop, or build upon, existing quality management plans.
- 6) **Other Quality Management Activities:** Another important aspect of DDSN's Quality Assurance System that both assures and improves the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and outline the expectations for service delivery. A system is in place to regularly review and revise these policies (see DDSN Directive 100-02-DD: Implementation Procedures for the Internal Communications System). Further, independent CPA's are utilized to conduct audits of providers' financial activities and DDSN Internal Audit assesses other financial performance issues.

## **PRINCIPLES**

The following seven (7) principles provide the framework within which the quality management systems and initiatives are designed and implemented.

### **I. CONTINUOUS QUALITY IMPROVEMENT**

The achievement of quality requires efforts at continuous improvement and on-going, repeated attention.

The principles of Continuous Quality Improvement will be applied by DDSN in assessing whether its policies encourage the meeting of consumers' expectations and which service and support providers are striving for the same goal. Service providers are required to design and modify supports and services to meet the expectations of the individuals who benefit from those services.

## **II. TOTAL QUALITY MANAGEMENT**

Quality does not just happen; it requires the management and orchestration of the total system. It crosses all facets of an organization. Quality is everybody's business; it cannot be isolated or delegated in a way that absolves anyone from some responsibility.

In order to benefit from the best thinking in quality, a quality management plan should be broad-based in nature and draw from the many models and approaches that have merit.

Quality requires a willingness on the part of all stakeholders to work collaboratively to identify and then solve problems.

Quality requires strategic planning initiatives that maintain consistent parameters over a period of time. It is an iterative process where repeated efforts contribute to progressive cycles of quality enhancement.

Quality requires attending to all aspects of an organization and service delivery system.

## **III. CUSTOMER-DRIVEN**

DDSN utilizes a customer-driven approach, and the primary customer is the individual with the disability. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are re-deployed to address unmet service and support needs. This approach maintains DDSN's accountability to the citizens of South Carolina.

Customer satisfaction is a priority in DDSN's approach to planning quality service delivery. Customer satisfaction measures/guides DDSN in determining whether service providers are meeting their responsibilities, and also whether DDSN policies are facilitating this goal. A primary measure of quality is how the individual with the disability and the family view the responsiveness of the services being provided.

Customer satisfaction assessments are performed by all service providers and DDSN throughout the state on a regular basis. DDSN and service providers are required to use this data to design and modify policies, supports and services to meet the expectations of the individuals who benefit from those services.

## **IV. COMPREHENSIVE**

A comprehensive quality management plan should draw ideas, standards, and measures from a number of important and/or controlling sources that may include: local ordinances, state statutes and regulations, federal statutes and regulations, applicable case law and court orders, funding

source standards/requirements, professional practice board standards, specific consumer goals, consumer/family satisfaction surveys, other stakeholder satisfaction surveys, national accreditation boards (i.e., The Council on Quality on Leadership, CARF, Malcolm Baldrige Award criteria), “best practices” that are emerging from educational and research organizations, and using previously met departmental quality goals as benchmarks against which to measure progress.

Quality requires a carefully thought out system of planning, delegating, implementing, data gathering, analyzing, synthesizing, reporting, and problem solving, that is comprehensive, reliable, valid, timely, documented and on-going.

Quality programs take into consideration some process indicators (i.e., how things are done), but more importantly, outcome indicators (i.e., what has really been accomplished).

## **V. DASHBOARD INDICATORS**

Dashboard indicators are data sets, either quantitative or more qualitative/narrative in nature that can quickly indicate the overall health, safety, stability and quality performance of a service and support provider. DDSN strongly encourages the below listed dashboard indicators be collected and used by DDSN Regional Centers, DSN Boards, and Contracted Service Providers to monitor the basic health, safety, stability and quality of the services and supports they provide. The dashboard indicators should become an integral component of the provider’s overall Quality Assurance/Risk Management process. It is recommended that each data set, applicable to the organization, be monitored by the provider’s quality assurance/risk management staff and/or appropriate standing committees on a regularly scheduled basis.

Data collected should be historically compiled and analyzed for trends. A plan of action should be developed and implemented when adverse trends are identified.

Providers may decide to add additional indicators as local conditions seem to warrant. Also, not all dashboard indicators will apply to all service and support providers. Operational definitions of these dashboard indicators are also included for consideration.

### **a) Allegations of Abuse, Neglect or Exploitation:**

Abuse, Neglect or Exploitation will be tracked by using:

- i) The total number of allegations made, and
- ii) The number of those substantiated, using the definitions and procedures contained in DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

These figures may be used in conjunction with the total number of consumers receiving services to develop a rate per 100 on an annual basis. Narrative information may also be analyzed in order to identify more specific trends.

b) Critical Incidents:

Critical incidents will be tracked using the definitions and procedures contained in DDSN Directive 100-09-DD: Critical Incident Reporting. These figures may be used in conjunction with the total number of consumers receiving services to develop a rate per 100 on an annual basis. Narrative information may also be analyzed in order to identify more specific trends.

c) Medication Errors/ Events:

Medication errors/events will be tracked using the definitions and procedures contained in DDSN Directive 100-29-DD: Medication Error/Event Reporting. Three (3) categories of errors/events will be analyzed:

- i) Medication errors,
- ii) Transcription/documentation errors, and
- iii) Red flag events.

In addition, providers are required to maintain a medication error rate per service location to identify trends related to specific settings.

d) Use of Restraints:

Use of restraints (physical and mechanical) may be calculated by the total duration of uses in hours divided by number of consumers served annually. Consumer/staff injury resulting from the use of restraints should be collected and analyzed. Narrative information may also be analyzed in order to identify more specific trends with a continual emphasis on restraint reduction and elimination.

e) Use of Psychotropic Medications by individuals receiving residential supports:

Use of psychotropic medications (other than for seizure control) may be calculated as a percentage of consumers served. Some providers may choose to track the percentage of polypharmacy in this area as well.

f) Mortality:

Deaths will be tracked using the definitions and procedures contained in DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.

g) Employee Injuries:

Employee injuries will be tracked using the number of employee injuries that have occurred and been reported to their Worker's Compensation insurance carrier. Providers may also want to establish a rate per 100 employees on an annual basis.

h) Vehicular Accidents:

Vehicular accidents will be tracked using the number of traffic accidents that have occurred involving provider vehicles. These should be broken out by “employee’s fault” versus “fault of other.”

i) Licensing Activity:

Each provider will track the major themes of weakness or deficiency that appear in annual and follow-up licensing reports, particularly those themes that were also reported in previous reviews. Plan of Correction dates should be tracked and monitored as well as evaluation of implemented corrections.

j) Contractual Compliance Review:

Percent of compliance with key indicators in the three (3) major domain areas (i.e., Administrative, General Provider, and Early Intervention); plus major themes of weakness or deficiency that appear in the regular reviews and follow-up reports. Plan of Correction dates should be tracked and monitored as well as evaluation of implemented corrections.

k) Contracted Licensing Entity Activity:

The citation numbers of standards and/or conditions found to be out of compliance; plus major themes of weakness or deficiency that appear in annual and follow-up ICF/IID or CRCF surveys.

l) Independent Financial Audit & Internal Audit Activity:

Major themes of weakness or deficiency that appear in the provider’s annual audit by an independent CPA firm, plus any DDSN Division of Internal Audit reports.

m) Quality Enhancement Review Activity:

Progress towards the provider’s Quality Enhancement Plan should be monitored and revised, as needed.

n) Consumer/Family Satisfaction Surveys:

Major areas of need identified as a result of the annual consumer/family satisfaction surveys and action planned and taken.

o) Monthly Provider Financial Statements:

This data set may include the expenditure-to-budget variance reports, an analysis of Cash Flows, Cash Reserve Position, percentage of administrative expenditure to total expenditures, and other financial reports as deemed helpful.

p) Staffing Reports:

This data set may include an analysis of the annual direct care staff turnover rates, report of position vacancies and length of time vacant, total staff-to-consumer ratio, as measured by total employed staff divided by the number of consumers served, and other staffing reports as deemed helpful.

## VI. RESULTS- ORIENTED

Quality requires a provider to move beyond mere program evaluation and into the arena of true personal outcome measures.

Important quality outcome measures should include:

- 1) Serving individuals in a healthy and safe environment;
- 2) Consumer/family satisfaction;
- 3) Effectiveness (did we meet the desired goals);
- 4) Efficiency (did we make good use of our resources);
- 5) Other stakeholders' satisfaction; and
- 6) Is the provider/program "state of the art" and consistent with "best practice" nation-wide and world-wide.

## VII. EDUCATION-BASED

Quality requires hiring good staff, a strong, well-coordinated pre-service orientation program, and then sustaining staff's enthusiasm through ongoing in-service training and professional development programs.

Quality requires on-going educational efforts for all stakeholders (i.e., consumers, families, employees, advocacy groups, payees, regulators, legislators, the media, and the public at large).

Quality requires constant vigilance in monitoring the emergence of "best practice" trends nation-wide and world-wide. This requires being in communication with service providers and policy makers through personal communication, newsletters, periodicals, and national meetings on an on-going basis.

  
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