Please stand by for realtime captions.

Welcome again to all of our attendees logging on. We will be getting started at our scheduled start time at 12:30 Eastern , in about five minutes.

Good afternoon. Thank you for joining today's webinar, translating data into better outcomes, practical approaches to facilitate change. I am -- this webinar is presented through the business acumen center which is a part of the business acumen for disability organizations grant managed by -- made possible by community living. Shortly after today session you will be able to find the PowerPoint and recording of this webinar along with the archives of all of the disability network . There will be time for questions and answers at the end of the presentation. Please enter your questions in the Q&A box in the lower right-hand corner of your screen. Today speakers include Robert Goldsmith, Sharon Geiselmann, Anne Marie Sime, and Faith Mazzone, and the Adults and Children with Learning Disabilities of New York and Abby Morgan IMAT read with Direction Home Akron Canton in Ohio together today speakers their organizations have used to implement practical approaches to debt the culture of their organization to create an environment that prioritizes the use two minutes or organization. The objectives for today are to understand how to implement data metrics and dashboards and organizational decision-making to understand approaches that enable staff at all levels to participate and understand data-driven strategies and to learn about approaches to using data in ways that are easily managed with an organization without the need for outside consultants or expensive computer software. Overall the speakers will walk us through how to use data for strategic plan, how this influences staff level performance, working to rate create a culture , tips and tricks and we will have time for Q&A. With that I will hand the microphone over to Robert, Sharon, and and faith with ACLD.

Good afternoon. I want to thank Kim and Erika for running the business acumen group. New York State has announced that the I/DD field will be moving to a Medicaid managed care and value -based payment system. Like most of the CBOs on this call, we have lived in a fee-for-service environment forever. The Deputy Commissioner of the office of people with developmental disabilities New York State, took leadership in this area and has been attempting to prepare the CBOs to move to Medicaid managed care and value -based arrangements. What usually happens when major changes occur like this , we receive top-down directives. In meeting with Joanne we showed her the beginnings of a bottom-up approach which led to today's webinar. ACLD has been operating for over 60 years and employs about 1300 professionals throughout Nassau and Suffolk County and Long Island. We had ACLD provide a full array of supports and services to thousands of people connected to ACLD. I'm going to turn over the presentation to Anne Marie Sime senior director of ACLD where she will proceed with the content.

We are looking at the agenda right now and as Bob said we had to prepare ourselves for a value-based pricing managed care model and although we are several years away we knew we had to get our minds that

where it needed to be. We have started to set the foundation for that with all of our directors and again we are in the very preliminary stages of this, but this is a full agency initiative with every director from every department involved and we have board support and board involvement in everything we do.

This undertaking has really represented a cultural shift for our agency and opportunity to now think strategically. It gave us a moment to think about what was our clarity. Clarity of direction, measurement, structure. Of course our mission and our core values and agency objectives stay the same. What has changed is that we have asked all of our administrative and program directors to create strategic goals that are quantifiable and directly impact the people we support. Moving onto our organizational structure.

I think I should start by saying when I look at this slide, in this field, in particular, we are not used to collecting data and creating quantifiable goals. So we had to come up with a framework for that to help our directors to think strategically. We looked at various schools of thought. You will see those represented here. The main foundation for thought process was the balanced scorecard and that is something by and you will see the four areas that he focuses on list that here in the slides. You have support your constituency, financial viability, a learning organization and internal processes. We also looked at the McKinsey model which talks about aligning all departments and processes to reach a goal and we also looked at sense of urgency which really talks about not having complacency and that was -- without a sense of urgency our actions will always fail. We took all of these models including strategic intuition and we created a framework for our directors to help them set quantifiable goals.

How do we provide eight for the people we support? We do that by starting to collect data in these key areas. Nursing, residential, day services, employment services and administrative departments. It's important to note there is no magic formula to this process. No right or wrong, nope perfect data collection areas. We use our best professional judgment and we went with what was most practical for us. We start with health and wellness because the overall health of the people we support is at the forefront. Without medical stability, a person cannot focus on other areas of their lives and move towards achieving their life goals and experiences. Areas of focus as you can see our nutritional measurements, pharmacy review, ER urgent ER urgent care telemedicine visits, medication errors, self-medication that is, infection control, trends and notable occurrences, medical audit improvement. The reason for this are looking for micro-areas, looking, looking for person specific trends. Also looking for systematic trends as an agency that have an impact on the people's lives that we support.

Looking at our data collection process in nursing, we utilized foundation structure which was the key and Excel as a support. My nursing supervisor are all assigned it area to collect data and utilize their clustered teams of nurses to support that role. Data collected in many different areas starting with nutrition. We looked at ideal body weights , A1c , looking at measuring healthy nutrition. With the data

that we looked at was ideal body weight, weight, and A1c. We analyze this data and shows we needed to work towards reducing the risk of type II diabetes. We did this through education, cooking demonstrations, and encouraging to make healthy choices. Pharmacy review. The pharmacy review data told us that one of the bigger problems was discontinued meds that were still in our storage closet. We work towards decreasing the volume of those meds in those closets, monitoring forms to check those areas, tracking sheets and we have a pharmacy consultant that comes in and reviews rings and measures also our successes. Measuring ER urgent care visits. Something else we looked at. And it showed that we needed to reduce these visits. Some of the ways we explored to reduce these visits was utilizing our telemedicine system, training of the nursing staff to use their clinical assessment and judgment as well as on-call physicians for early identification of illnesses and ways to prevent to prevent hospitalizations by treating the people in their residences. Measuring medication errors. We took a look at all the medication errors across the board. And saw that the biggest problem was failure to document. We set out on a promotional campaign utilizing [Indiscernible] buttons, stickers, posters to remind staff to complete documentation as well as monitoring tools for nurses and supervisors. Measuring self mad administration. As you know, self met administration is a goal for all the people supported by ACOs to promote independence. The data showed us we needed to formulate some improvement in this area even if it was just in [Indiscernible]. We developed a libraries tools and methods to utilize and we as well-educated people supported by ACOs to encourage their interest and drive to do so. And we are promoting all of their successes. Measuring infection control. It was noted that some of the greater areas of -- were in respiratory and urinary tract infections . We utilized a handwashing campaign and glove campaign. We trained staff as well as people supported and also utilized the PDSA cycle along with our medical director to evaluate person specific trends. One of those trends were hospital repeatedly for UTIs and evaluation of all of those visits, it was determined that the laboratory data to support the urinary tract infection turned out to be a problem with hydration. You increase those -- you increase that person's hydration and the hospital stays stopped. Measuring notable occurrences. In this area at the increased trend was in falls. We set out on a campaign to explore the reasons why there were so many falls and what we could do to prevent them. We incurred a rated the people supported to help us identify risks and plan corrections and our falls risk assessment protocol as a preventative measure to identify those at risk. Medical audit improvement. The nurses went around prior to the state audit due date and evaluated medical records. And help prevented a lot of audit citations but also during this medical review they noted that it would benefit us to be able to help nursing documentation in a real-life , real-time fashion so we utilized our system so that nurses with laptops and IT support can write nurses notes anywhere, anytime, anyplace on any person even when they are on call on the weekend which is the best way to really document and it really worked out well for ACLD nurses .

As you can hear when you listen to this, nursing a medical was the easiest way to collect data. And create -- we did look at other departments to ensure the same thing there. With residential the most

primary concern really community increase natural supports create opportunities for varied experiences for them. This creates value and satisfaction with the supports and services that we are providing. So we did a few things but one of the first things we did was we created a recreation survey. We administer about two every single person supported in ACLD residences. We asked them to give us information on the types of activities they had interest in, what they liked, what they do and like, what they would like to see more of. We took the data from these surveys and we compiled all of that data so that we could do an individual profile per person , per program, per cluster of homes and we could then develop and evaluate the best activities, how we schedule them, and what are we doing for our people to make sure they are getting into their communities. So if you look here, this is just an example of one house. We did set standards for each of our houses so each house manager was aware that we wanted to per month per quarter. We did analyze that data implement action plans with similar interest to assist in establishing new paragraphs and they program all also we began to look at transitioning people for most inclusionary setting for them. And we created the same thing. A personal interest survey. And that survey gave us some idea of where people wanted to be in the future. We were able to take that data and look at goals to help them get there. Although it is not in this webinar that we put out there, we also did the same with our employment services. We have a very large vocational support department. More than 300 people 350 people 50 people who receive supports through vocational and in that what we did is we looked at all of our employers, where were people most successful, how how many employers had multiple locations, how many of those locations employed people that we support and we were able to do an analysis on that to help gear some of the job training and job development that we do to expand how many people who could get competitive employment. If you're interested in that information on employment services, our emails are at the end of this and you can certainly email us and we would be happy to provide you with that information. Administrative services, this was the most interesting for a we did. Looking at all departments, even even if they didn't provide a supportive service. You can see that we asked every department to create quantifiable goals that connected back to the people that we support. And then we are asking them to collect data on those goals so we can make decisions whether it is within the finance department, facilities management, business operations and make sure that we are providing the supports and quality of services to the people who are receiving supports from our organization. If you look to the next slide, you will see if you go -- very interesting to have every single department start to think strategically and to think about how they connect to all of our people. We can look at any one of these but I will pick facilities management so you can see here, one of their goals was to support our constituency by streamlining systems and creating opportunities for process improvement . What they did that by developing and implement in a plan to enhance preventative maintenance. What they did was they created this tool where they assessed all of the houses and tried to do preventative maintenance and then look at the satisfaction of the people in those homes to see are they satisfied with how quickly things are repaired, how their environments are being enhanced. If the answer is no, then then the department has to look at revamping what they are doing to ensure that satisfaction. I think it was a very

interesting foray to have all of our departments really look at how they connect back to the people we support and in some ways, they had never thought in that way before. So I think that has been very successful. Everything we do as an organization connects back to our people.

In conclusion we feel we have taken a few steps to work into this world of data collection. This is really our first attempt to begin the process of data collection. Using practical approaches to facilitate change. We look forward to continuing to experiment in different areas of data collection, different methodologies. We feel confident we have made a commitment to developing an organizational approach to this process. We hope this presentation is showed you it can very simplistic and you can start taking small steps in this area. Ultimately, our data-driven decision-making provides better outcomes for the people we support. We welcome you to contact us through our email should you need to have more information. We would be willing to share that with anybody who has any interest in the area that Anna Maria was talking about.

We did as we said earlier in the interest of time we did cut down this presentations we could keep to the timeframe that was allotted. We do have a lot more information we would be happy to share and if you reach out to us we would be happy to talk to about some of the things we have begun to do here at ACLD. Thank you very much.

Excellent, thank you you. With that we will turn the presentation over to Abby and Matt.

Thank you very much and thank you to our co- presenters. I agree, there is a lot of information to share and some very shared themes between our two organizations. I'm happy to be able to share some of our stories. We are an area agency on aging and we serve four counties in Ohio including the Akron and Canton area as well is a few additional counties. Start, Summit, portage, and rain and in Ohio we do older Americans act as well is Medicaid waiver programs and provider network management. Among a number of other programs but those are some of our larger programs. Our roadmap for this presentation really starts here. Today we are going to talk a little bit about our approach and using data that we have on hand to see what our strategic plan and making organizational decisions. Then taking a step further we will provide some examples about how we are bringing data sources together to support decisions and oversight at the individual staff level. In order for all of this to succeed we have to develop and maintain an organizational culture where staff not only accept but really crave that data and that feedback into there everyday work. Starting at the 30,000-foot level, organizational decisions at our organization start with our strategic plan. How are we scanning our environment, confronting headwinds from a national or state perspective as well is things that might be happening here and our own backyard to determine our organizational priorities. If you go to the next slide, like so many of us , like you are hearing today from our co- presenters, we have experienced an extreme shift in our budget from federal and they grants to private contracts of health plans. We are also having a statewide discussion regarding long-term

service , manage long-term service and supports through managed care programs. Ohio is a demonstration state for the duly enrolled Medicare and Medicaid enrolled populations and we are part of that program. As you can see on this slide where those existing extension of state an extension of government programs are shifting to that risk reward business. Our overall budget including funds under management and our service plans that we are overseeing through our provider network is about $123 million. Our overall operating budget is closer to $24 million. When you consider that four or five years ago, 100% of hundred% of our care management programs and budget came from state and federal funding, today over 70% of those funds come from private contracts with health plans. We do help to support approximately 7000 individuals living in the community. On an ongoing basis to any of our care management programs. You can see many examples of core programs or businesses and their evolution towards that risk reward model , where we are not only getting paid by reimbursement, but where we are being paid for performance or performance base and we have to achieve outcomes. Knowing your agency by business line. Annual review, objectives for agency for the year, we look at headwinds and opportunities by these business lines. And then we use the data that we have available to help us predict the impact of program or funding changes and to understand what the financial impact will be on being able to grow these programs so more people or just maintain services in these areas. By business line, I'm going to provide some overall examples. Here we try to summarize the overall issue or threat that is facing this particular business line to determine if the impact is immediate or in the foreseeable future. Our first example is our aging and disability resource call center and our assessment unit. The way this program has been funded through state and federal grants is shifting and instead of receiving funding to support the call center, we are now getting paid by assessment or questionnaire. That are completed by callers. That is a huge shift in change for how we answer calls and answer questions. We need to be we need to actively plan for how to address the needs of callers, and our clinical referral sources to the call center, so that their needs are met and not disrupted while also maintaining funding for how we can effectively staff the call center. If you flip to the next slide , here you can see how we are addressing those immediate threat, or if you want to think about that in other business programs , different opportunities, through program data different sources, we look at first billable versus unbillable calls, were questionnaires perhaps aren't fully completed. We look at these calls by staff member and we're looking at them by referral source in the future and we are not just looking at how we can convert unbilled calls to billable calls in the future but also how many calls are unbillable or Y. We maintain that not every caller wants or needs to fill out a Medicaid waiver questionnaire. Sometimes people just want to be able to have an answer to a question and that is perfectly okay. We need to be able to predict and manage those calls so that we can cover our cost and advocate on their behalf so we can maintain funding to be able to answer those questions. To do this we are doing time studies, reviewing financial models for how we staff the call center and looking at satisfaction survey results, volumes or calls answered. Here is an example. We have dashboards available through our call center software which are helpful but perhaps not the full story so we use these to provide a first level

analysis or starting point and from there we combine it with other data sources such as time study data questionnaire data, et cetera. Here's another example from our care management division. At this slide discusses impact of shifting payer sources , they shift in performance expectations, the impact on quality, given the time data administrative and financial constraints. And here again the red highlights the use of data to address those issues. In this example, one of our managed-care partners was interested in pursuing an additional pay for performance program in order for us to agree to pursuing outcomes identified by the health plan, we insisted on access to performance data and that data has to be shared frequently with us. We have gone through many iterations and versions of reports and still always looking at what data elements we are documenting can be shared back with us and how we can better use that data. Where we can and have developed proxy measures for leading indicators where outcome data is not available, we do look to do that. If we can't get outcomes or the data is delayed such as date outcomes we look at can we track did we provide education and is that having any impact on those outcomes. We are not using anything fancy at this point in time to share data back to staff. Where developing dashboards currently created and XL and we use tools such as lean and six Sigma and PDSA cycles to test out and put new processes in place. If you go to the next slide, here's just one set of examples of what those dashboards look like. Just created in XL. Our final example comes from our transitions programs. We currently operate [Indiscernible] program and we have in the past had a large acute care transitions program and as you can tell from this program we're facing very serious challenges as the federal programs or demonstrations close and they plan to continue -- and we want to be proactive and how -- addressing next steps for continuing and maintaining the great staff we have in place.

Abby you may be having some audio difficulties. We can hear you now.

I'm not quite sure the cause.

I'm sorry for that. This slide we are in full program planning mode and we are analyzing program data, doing time studies and financial model development and looking for program partners and making advocacy efforts. If you go to the next slide, we're also looking at how we can be as efficient as possible with maintaining the program and services. As we are losing resources and access to such things like program or documentation systems. Here you can see a quality improvement project that was in the works as daft developed processes to maintain documentation with existing tools and software. Where evaluating whether or not we needed to invest in a new software platform and ultimately saved over $100,000 by using existing tools that we had within our agency. So these efforts , time studies, dashboards, QI projects are led and driven at the staff level. Staff are intimately involved in reviewing their program data. How do you support staff and embrace the data? You do it through a purposeful organizational culture. For here I will turn it over to my colleague Matt to talk a little bit about how we have done that here.

Thank you Abby. It's been fun to watch the concept and the focus on target of organizational incorporate corporate culture evolve over the years. Many years ago it wasn't really on the forefront of people's thoughts and now it seems like a lot more people are talking about it. I won't go into too much detail about what we mean when we say corporate culture other than to put this slide up with some bullet points. When I talk about organization or corporate culture I mean what is that undercurrent of your organization and what drives how your staff interact with each other and with their customers. Something to understand about culture is it is going to happen whether you put a focus on it or not. And so a culture that is going to create data and more importantly one that will take that data and turn it into action that improves process is and customer service and shifts toward the future that we are moving towards really has to be by design. You have to create purposeful artifacts and messages that communicate a culture that you have created on purpose. And it really has to be taught and modeled from the top-down. At the leaders of the organization have to understand, embrace, and model and model this behavior that you want to see. A lot of times, when we talk about creating a corporate culture , people want to talk about mission and vision statements. We as nonprofits , government entities, businesses, we love our mission and vision statements but sometimes they don't provide the guidance that we are looking for to really communicate why is this data so important to staff and what does it mean to you? What we have done is really look at it into different areas. You can see the mission and vision floating up therethere, and that is really at a teacher level. It is tied to strategy and strategic planning. What we have done with the help of Disney and to is reform our mission and vision Damon into what Disney calls a service thing. While our mission and vision statements are very good and very high level what we have done is really translate both of those two we provide choices for people to live independently in the place they want to call home. Either a member it is straightforward, and it really creates that rallying cry that we feel is important when you start to build a culture and then lay on top of things for example why data is so important. One of the examples of I mentioned the artifacts that create your culture . This is a sign that hangs inside of our building at three different entryways. And really talks about our agency values. This is you will hear me talk about communicating a culture and communicating why data is important. That is one of the most important things to take from today's presentation as far as my portion is concerned is you have to be very purposeful in creating these after-the-fact. You will put so much time into your data collection and your data , making sure the right reports flow from the right data sources and getting everything right, but if if nobody is looking at that report, or if no manager is trained to take that data and turn it into a coachable moment then you will not have any true change and lasting impact on your organization. In addition to these four standards health and safety provide solutions and those for statements and what they are empowered to do and make an explicit point of saying your data improves quality, quality then makes better customer service for our members who are looking to us to help them be as independent as possible and remain in the place they want to call home, tying it it back to that motivator statement on the previous slide. One of the things that we have done is really try to harness the power of all the

leaders in our organization to solve some problems. What we did in this regard is to build a project around employee engagement. Another fun buzzword in the HR space. Our leadership team that worked on this read the book the truth about employee engagement and found that a huge driver of the disengagement that employees are feeling is due to a lack of performance measures that they understand and feel like they can control. And so using that research to then move forward our data initiatives was really important. We could say here's how you are doing and here's how that data then informs the rest of the work that we do in the organization. On the next slide you can see an example of how we are using data to motivate staff. We have a performance incentive plan in place, where we identify goals listed there in the slide and tie it to a financial incentive if able to pay at the end of the year. We use a stepwise format, where last year's actual becomes the floor for a performance that we have a consistent improvement program. We did have to decide what it looks like. You can't give one -- above 100% although our CEOs would like to think so but we do maintain a 95% which we consider and a.

A little bit about the employee accountability. This ties back to the point I wanted to make regarding you can have the best data systems in the world but if you don't have leaders and training on how to use it and how to make it work and translate to action, it is not going to do anybody any good. Really focusing on the accountability of the individual employee, of the leader to help guide that employee access to data, understand what those trends mean and then act on it is really important. Some of the things we have done here is hired an additional supervisor in our area to help with bring up some time, we are looking at some other supervisory models to really make sure that we are addressing this and freeing up time so that leaders can focus on the data, make sure from a culture perspective they are leading the way that the organization needs them to leave so this makes sense to employees. They move with this current and not against it. In a previous slide we have done on things like this, there was talk of evolution versus revolution. And the slide had a picture of a very sleek parts car on evolution and that on revolution it was the crowd with torches and pitchforks. You can see where we were going with that. With the data we really wanted to have an evolution a process and not a complete revolution. We have been trying to do that through a very monitored and measured way. With that, I will turn it back to Abby to wrap up our session. Thanks .

Thanks Matt. We're just going to go over a couple of high-level things. Tips and tricks. Our previous presenters really did a fantastic job paying darting with data collection, what can can you collect and how can you use it? We are our process started much the same way. We also said if we don't have it, who owns it? What is the format that it might be given to us or shared in and then how can we use that data in whatever way that it can be shared to tell a story with that. We have gone through a couple different iterations of different ways of trying to collate that data, and we do tend to always go back to XL because it is a common data format. And so we have people that are each week looking at large data set in Excel and saying how can we reformat this into these dashboards or into these graphs and charts , and what do we

do with it and what is the process we are putting in place to make sure that as they are spending a lot of time in cleaning that data up and packaging it in a way that can be visualized and shared, then making sure that it is not wasted effort and people are actually looking at it and making some changes. If you go to the next slide, we started all of this with a data wish list. I think one of the most important things that we have seen and have been learning as we continue to try and say what story do we want to tell with data and using different data is you can't do all programs at once. You heard that from our previous presenters. It is an evolution. We did start in the beginning and safe -- say, what are the outcomes we want to demonstrate, what are the areas we feel like we need to prove value or show differences or improvements with our programs. And started there to say with those performance measures, with those goals, and those things that we want to track, if we don't only data, if we can't directly tie it to an outside source, what can we track internally to allow us to show some level of improvement towards that overarching goal? We started with what you see here, the data wish list which is by program and it goes straight on down the line of what do we want to demonstrate with this program, what do we want to demonstrate, how can we demonstrated , or how does that get measured, do we have access to that data ? If we don't, what kind kind of proxy measures can we put in place to show that we are somewhat moving the needle, and then overtime is we are tracking most proxy measures, can we go back and see if there was a shift in outcome. And that data wish list, we go back to it a lot. Because as I said, you can't begin this across all of your programs, but you can once you feel like you have gotten one program up and running with dashboards then switch to a different program. That data wish list continues to be handy. And then finally, the next slide, this data analysis, it takes time. We are getting into the process now of taking a next step from just looking at what can we analyze in Excel to creating life data feed to tools such as power be I, talks very well with Excel and access and other databases to allow us to bring those different data sources together and a little bit more efficient way. So we are not always trying to manually put those different dashboards together that the data comes in through one software platform. So we are getting into that no. It is getting into the weeds and bring in those different tables together through those different data sources. But we certainly started and then done very well with basic tools we have had at our fingertips within our program. With that, I will stop there and see if there are any questions and I appreciate being able to share our story and again if there are more specifics that you are looking into, please reach out and we are happy to share.

Perfect, thank you Abby and Matt and Robert and Sharon and an and faith for all of the incredible information you have provided today so far. For everybody on the line, we do have time for Q&A. Please enter any questions you may have into that Q&A box on the lower right-hand side of your screen. You have provided us some really strong tips. For anybody on the panel, what data do you find that payers are most interested in?

This is Abby. We have had I will speak to that pay for performance program that we talked about. I think there are probably a couple of different examples but we know that data sources from the states, from

CMS can be very delayed. And so we have had a lot of conversations with our health plans about if we can't see tomorrow that we are making improvements on hypertension and diabetesdiabetes, on flu vaccines, what can we track right now to say at least we're having a conversation. We are doing the motivational interviewing and health coaching and saying we have provided this education. We have provided coaching to the follow-up physicians. And so those are the things that we are trying to track in place of having that long data lag with certain outcome measurements. One of the other things that we find that payers are really interested in is our rate of being able to get into contact with community members. Whether it is a care transitions program and people are very impressed with how often are we actually able to go from bedside visit to a home visit. Because we are able to actually complete the home visit. That is something we find that people continue to see value in our transition rate from and rolling someone in a program to actually being able to execute that face-to-face contact. That is something else we always track and see a lot of value in presenting those numbers.

From our side, I with say the weakest thing that we hear about from the state, which is our payer, is keeping people out of the emergency rooms. There is considered an overutilization of I/DD people going immediately into the emergency rooms. And we have devised a program where through telemedicine and our nurses having backpacks that can go to the homes and they speak to a primary medical care physician because we also run and FQHC and that connection with the two has significantly reduced our utilization of emergency rooms which I think will get better focused as we move forward.

Excellent, thank you. Some questions from the audience include how do you balance implementing schools for data tracking versus limitations of death computer skills? How do you get started ?

This is Abby. It really is an evolution of people getting comfortable with -- not just seeing things in Excel, because we have had getting comfortable with Excel, getting comfortable with using tools in Outlook and some of the traditional Microsoft platforms. But it is also getting people comfortable with seeing things in red. We have done red yellow green , and people when we first started tracking things, you should expect to see that not all of your numbers are great. And wanting to really encourage staff to be comfortable not just with opening up the reports and looking at it, but then also getting comfortable seeing things in red. And hopefully then transitioning to seeing a continued uptrend in improvement. And the best way that we have found to get people to look at that is giving them access to the data often. We sent things out on at least a biweekly basis. Dashboards are sent directly to the staff and then copied on that is their direct supervisor, as well as the vice presidents over the program. Folks that you can see from week to week, and upward trend. Encouragement comes in through emails, through meetings, to, to that staff member and that recognition and followed up in one-on-one meetings with staff members to talk about what was seen in the dashboard. All of that has really been an evolution.

From our side, this is Bob, we have attempted to keep everything very simple. We leverage our existing system. Four years ago, we became paperless using be Medisked system and we use that to do the documentation plus the use of XL. Therefore, the training needs to train entry-level staff is fairly basic and we leverage what they already know to continue with the documentation.

Perfect, thank you. And this is Erica, adding onto both to both of your comments, part of the use of data for measurement or to evaluate outcomes or general performance is not a fault finding mechanism. It's a means to be better. And so Abby I think your points and others about the point of the culture is to not be afraid of the data that is there. It is just simply a way to identify the things that we might not have paid immediate attention to and where we need to refocus efforts. Because everybody in any organization is best with the things that are monitoring and evaluating. It is just a way to ensure that the eye is on the ball in a sense.

One of the slides mentions data integrity issues. Ask what some of those might be if you have examples where you have seen data integrity issues arise.

Sure. I can speak to that. It is really easy if you are building all of these process is in place to mirror up with performance measures or data that you take that you are going to get that is going to tell you how you are doing and track ongoing -- our data gets pulled from directly from a documentation system. It is fairly large, it is not our system. It is owned and operated by the host land. And they used it across all of their population so each time there's goes into production or development or change in the system, there there is always that opportunity to break a connection, do something that doesn't end up calculating in a report that has already been built outside of those updates. So there is always that risk that when you make an update to a system, it is going to do something to the data that you are downloading into Excel on the other side. Another example is if there are contract changes or changes in how programs are administered at the state level, like if there is a change in contact and visit schedules. You are used to calculating contacts and visit and that's how your reports are built but then there is a program change, you have to make sure that you have adjusted your reporting to account for those changes and how the program is being implemented. Those are just a couple of things.

From our side, we have had honestly very little integrity issues because if something is entered into the Medisked system we have a system with checks and balances going. If you have a direct support professional , these supervisor checks that and that we have an administrative check in and it is overseen by an administrator. Having a system that we actually own that David -- data integrity . Everything is documented. We really haven't had data integrity issues because we use the Medisked system as the center of what we do and everything is inputted and drawn out of that.

Great. We have a couple of questions related to concerns over potential negative effects of monitoring to outcome. One is , is there a contract driven incentive incentive that might make an organization favor easier to serve clients as a means to demonstrate better outcomes of the programs? Does that impact sampling and reporting ? And then a similar question is if the overall reporting of outcomes, the collection and reporting of it, does it reduce time that your workers, your practitioners or others are able to actually spend with clients?

We see at ACLD pride ourselves on taking everybody along the continuum. There is actually a full mixture of people who are more involved and people that actually live independently. So the rate structure that the state provides us, we do receive additional money on a high needs methodology to help with the people at the more severe and. But we do not select people and our agency based upon having more or less needs. We actually leave it in the hands of the family members that they will come visit and they have choice so they can choose us or another agency. But at this point in time, we don't see any controls of taking people who are less involved because they are easier to take care of.

Similar on our end, where not in the agency at making determinations for program eligibility. We might do an initial assessments, but we don't then determine whether or not someone is eligible for the program. So people who come to our programs, they are enrolled and then assigned to an entity , and that's how they come to us. There is not really an opportunity to pick our population.

Very good. Potentially our final question is logistics. What platforms are you using to bring together all of your data sources? Homegrown databases? Are you using dashboard software to get the information out to all the employees?

From our side, we probably are not there yet . We keep it simple. We use Excel and Medisked. We will probably look for a dashboard software or have Medisked build us the dashboard. We are at the beginning and that would probably be one of our next steps.

We are also -- we use whatever tools are afforded to us, and sometimes software platforms come with a -- boarding system and we try to use that to the extent possible . We use Excel and access databases quite a bit. We have a data warehouse that houses all of our financial data that allows us to bring some data or key performance indicators into that data warehouse but also brings in all of our financial data to build our budget and do some forecasting off of it. We are in the process now of and have been doing some piloting with power be I, that Microsoft office suite. We as a nonprofit and I think any nonprofit that is doing licenses , the cost of it is really considerably lower than if you are purchasing it individually. We are looking at how we can use power BI to bring together like I mentioned those different data sources that might not just be an Excel or in access, but bringing them together into one visual dashboard.

Excellent, thank you. And in our very last minute, any final words of wisdom that you would give to our audience?

The -- group has taught me is to be very open. That none of us have all the answers to what is going to be before us. So if we have anything at ACLD that anyone needs or wants, please communicate with us and we will share with you everything we have. Because the people have been sharing everything they have with ACLD in New York State and it would only be fair that we share everything we have going back to you.

Matt, I wonder what you to say to this, but I think given the opportunity, when people people have access to information and their data , every single time they will make the decision themselves to say how can we improve this, whether or not we need to do a quality improvement project or something that I need need to change about my current practice or how can I learn from someone is doing as well, when people are and are looking at it together, every single time there making the decision to how do we improve from this. And so that has been through our quality improvement program one of the best things that I have seen in my time there.

I think the only other thing I would add is just on a scope level, depending upon where you are at in the process of translating data into action, don't be overwhelmed if you are starting from scratch. At the core concepts of what you want done completed, create that wish list. Don't be afraid to just move it forward with a couple people and a couple data points. And then pilot, pilot, pilot. And move on from there. You don't have to do everything all at once.

Excellent. We are at time. Thank you once again to all of our speakers for joining us today. I want to remind everyone on the line that this webinar and recording and slides along with the archives of all of the disability network webinars can be found . Thank you and have a great afternoon. [Event Concluded]