QUALITY ENHANCEMENT DIVISION
TECHNICAL ASSISTANCE / DATA INTEGRATION

PURPOSE: The purpose of this procedure is to establish protocols and procedures for the Quality Enhancement System and its associated units under the Mental Retardation and Developmental Disabilities Administration (MRDDA).

AUTHORITY: The authority and functions of DHS as set forth in sections III (U) and III (V) of Reorganization Plan No. 3 of 1986, effective January 3, 1987; D.C. Law 2-137 "Mentally Retarded Citizens Constitutional Rights and Dignity Act"

DEFINITIONS:

Provider/Vendor - a consultant, vendor, or contractor of goods or services, who can be an individual, a partnership, non-profit entity, or a corporation that enters into a contract with the District of Columbia.

ROLES AND RESPONSIBILITY:

This section defines the general roles and responsibilities for the interested parties associated with the Quality Enhancement Division:

Quality Improvement Specialist (QIS): The Quality Improvement Specialist assigned to this division shall provide technical assistance to Provider/Vendors around Health Regulation Administration (HRA) licensure and certification, basic assurances, serious reportable incidents and/or high-risk alerts, which require immediate follow-up to determine the appropriate referral source(s) and other compliance issues. In addition, the QIS shall participate in Quality Management Planning including

assisting Providers/Vendors to effectively develop ongoing quality enhancement plans and strategies.

Clerical Assistant: The Clerical Assistant will receive and process requests for technical assistance, track technical assistance request assignments, and handle correspondence related to technical assistance offers and requests.

Quality Enhancement Chief: The Chief of the Quality Enhancement Division will review and approve all reports generated by the Quality Improvement Team.

Incident Review Committee (IRC): The IRC is an interdepartmental committee that serves as the central point of review for all reported incidents forwarded to MRDDA.

Technical Assistant: Quality Improvement Specialist who provides specialized supports, designed to enhance or improve the operating systems and practices of identified Providers/Vendors.

PROCEDURES:

The Quality Enhancement Division meets the policy standards through the provision of technical assistance to providers/vendors. The technical assistance is provided to assure that Basic Assurances are in place, providers/vendors have the needed supports to develop and implement plans of action or correction in response to regulatory entities, and providers/vendors have support and assistance to move from the basic foundations to strategies of ongoing quality improvement/enhancement. Further, the Quality Enhancement Division assumes the responsibility of data integration for all information that indicates provider performance concerns and the impact on people served through MRDDA.

The following procedures ensure that the technical assistance and data integration processes clearly delineate all activities relevant to overall quality improvement within MRDDA:

1. **Technical Assistance**: The Technical Assistance Team responds to requests for technical assistance from a variety of sources including HRA Statements of Deficiencies, requests from Providers/Vendors, and internal sources.

Technical Assistance in Response to HRA Statements of Deficiencies:

1. The Clerical Assistant receives the Statement of Deficiencies from the HRA via fax or mail and performs the following duties:
   a. Record the information in a database for tracking purposes

b. Forward the Statement of Deficiencies to the assigned Quality Improvement Specialist
c. Forward a letter to the provider offering technical assistance and requesting copies of the Plan of Action that will be submitted to HRA.

2. The Quality Improvement Specialist performs the following duties once the HRA Statement of Deficiencies is received from the Clerical Assistant:

   a. Contact the Provider/Vendor to discuss the issues and provide any needed technical assistance.
   a. If there are immediate jeopardy issues, the QIS will within 24 hours arrange a meeting between MRDDA and the Provider/Vendor to assist in the correction of any deficiencies.
   b. Serve as a support on technical assistance issues during the re-assessment phase.

3. Once the issue(s) is/are resolved, the QIS will notify the Quality Enhancement Chief and the Clerical Assistant in writing that the status is "closed". The Clerical Assistant will record this information in a database for tracking purposes.

<u>Technical Assistance in Response to Provider/Vendor Requests:</u>

1. Providers/Vendors may also request technical assistance, not as a result of an HRA visit, but to improve on any aspect of the program in regards to licensure, certification, and compliance. Once a request for technical assistance is received from a Provider/Vendor, the Clerical Assistant will:

   a. Record the information in a database for tracking purposes
   b. Forward the request for assistance to the assigned Quality Improvement Specialist.

2. The Quality Improvement Specialist performs the following duties once the request for technical assistance is received from the Clerical Assistant:

   a. Contact the Provider/Vendor to discuss the issues and provide any needed technical assistance.
   b. If during the technical assistance visit, immediate jeopardy issues are discovered, the QIS will within 24 hours arrange a meeting between MRDDA and the Provider/Vendor to assist in the correction of any deficiencies.

3. Once the issue(s) is/are resolved, the QIS will notify the Quality Enhancement Chief and the Clerical Assistant in writing that the status is "closed". The Clerical Assistant will record this information in a database for tracking purposes.

Technical Assistance in Response to MRDDA Internal Requests:

MRDDA units may also request technical assistance thru their respective Supervisor.

1. Internal requests for technical assistance are received by the Chief of the Quality Enhancement Division. Once the request is received, the Chief will:

   a. Determine the need for targeted technical assistance.
   b. If it is determined that targeted technical assistance is appropriate, the Chief will forward the request to the Clerical Assistant for processing and assignment.

2. The Clerical Assistant will perform the following duties:

   a. Record the information in a database for tracking purposes
   b. Forward the request for assistance to the assigned Quality Improvement Specialist.

3. The Quality Improvement Specialist performs the following duties once the request for technical assistance is received from the Clerical Assistant:

   a. Contact the Provider/Vendor to discuss the issues and provide any needed technical assistance.
   b. If during the technical assistance visit, immediate jeopardy issues are discovered, the QIS will within 24 hours arrange a meeting between MRDDA and the Provider/Vendor to assist in the correction of any deficiencies.

4. Once the issue(s) is/are resolved, the QIS will notify the Quality Enhancement Chief and the Clerical Assistant in writing that the status is "closed". The Clerical Assistant will record this information in the database for tracking purposes

3. **Data Integration**: MRDDA assumes the responsibility for the integration of all incidents and alerts reported on behalf of people who receive services. The Incident Review Committee (IRC), Information Technology, and the data analysis teams of Quality Enhancement, support MRDDA's efforts to provide reliable information that is analyzed and reported in ways that enhance services to people.

a. The IRC is the single-point-of-entry for data streams in MRDDA. The IRC is composed of representatives from the Incident Management and Enforcement Unit, the Programs Unit, and the Quality Enhancement Division. The IRC receives, reviews, and triages all reported incidents on a daily basis to ensure timely and appropriate responses.

IRC-Data Integration Triage Process

The committee's daily review and distribution process includes the following actions:

1. Generate a consolidated report of all incidents forwarded to MRDDA using the MCIS, IRC tab.
2. Review incidents identified on the IRC report and assess the level of compliance with agency policy and the degree to which all requirements for incident reporting have been met.
   a. Return incidents that do not meet the criteria for incident reporting.
   b. Document plan for follow-up on returned incidents.
3. Record the required information for the accepted incidents (e.g. location of incident, Provider, funding source, etc.).
4. Determine if the incident is a serious reportable, reportable, alert or other.
5. Prepare incident for distribution by completing the MRDDA Incident Review Form and include the following:
   a. The most appropriate primary and supporting responders to resolve the reported incident based on departmental function.
   b. Whether or not the incident requires a corrective plan of action and/or investigation for resolution.
   c. A determination as to whether or not the incident is non-threatening and requires "no action needed."
   d. The committee will prepare a monthly data integration report to include activities regarding all incidents. This report will be distributed to the MRDDA Administrator, Department of Health/Medical Assistance Administration and the Health Regulation Administration. As deemed appropriate, the monthly report and/or additional information will be sent to Basic Assurance Unit (BA), Case Management Unit (CMU), Clinical, Fatality Review Committee (FRC), Incident Management and Enforcement Unit (IMEU), Incident Review Committee (IRC), Mortality Review Committee (MRC), Quality Improvement Committee (QIC), and the Waiver Unit.

Type of Data Collected

In order to determine the types of data to be measured, Data Integration staff shall meet with representatives from each MRDDA unit/entity. In conjunction with the unit representative, Data Integration staff shall identify questions that need to be answered

through data and the variables or outcomes that will be measured in order to document the performance of that unit.

Both quantitative and qualitative data shall be collected in order to measure unit performance.

- Quantitative or numerical data shall include such things as incident and alert data, waiver service utilization data, basic assurance data, etc.
- Qualitative data such as HRA, Court Monitor, Administrative, or Technical Assistance reports or descriptors such as IMEU codes on serious and reportable incidents, etc. shall also be collected and used in conjunction with quantitative data when measuring unit/entity performance.

Frequency of Data Collection

The Data Integration Unit shall collect data from each identified unit/entity on a monthly basis. Unless the information is accessible through the MCIS database, each identified unit shall send data from the previous month to the Data Integration Unit during the first week of the current month.

Data Analysis

The Data Integration Unit is responsible for the analysis of data specific to the requirements for each unit and MRDDA as an entity. The data is analyzed using the most appropriate statistical technique and best practices in the field. Data for each unit is analyzed on a monthly, quarterly or bi-annual basis, depending on the reporting schedule.

Analysis, through the Data Integration Unit's Quality Improvement Committee (QIC), includes the interpretation of the quantitative and qualitative data; analytical assumptions about the results of the data; questions that should be answered to further make judgments or assumptions; and/or recommendations for change based on the knowledge gained.

A critical component of the Data Integration Unit is reporting the data on recommendations, follow-up, and resolution. The Data Integration Unit staff is responsible for the collection of data from the various sources, such as the MRC, FRC, IRC, Case Management monitoring, and others. These data are most often inclusive of recommendations, follow-up, and/or interventions. The QIC is responsible for analyzing the data sets to identify the needs for follow-up and resolution; report a summary to the referring source(s) on a monthly basis; and, submitting an aggregate report to the Administrator on a quarterly then annual basis.

Data Reporting

The data summary reporting schedule shall be set in response to legal, regulatory, and administrative requirements. Data summary reports shall be sent to the Administrator, the unit/entity head, and his/her designee. Reports responding to legal or Administrator requests shall be sent to the Office of the Administrator. Copies of data summary reports

shall be archived in the Data Integration Unit by topic and cross-referenced with the Unit and distribution list.

Incident Types Reported

The Data Integration Unit collects, analyzes, and interprets all Serious Reportable Incidents as defined by the IMEU. This data is tracked and trended, and interpreted in order to monitor MRDDA system and provider performance. A data summary report on this data is produced on a monthly basis.

Further, the Data Integration Unit collects, analyzes, and interprets Reportable Incidents as defined by IMEU. This data is tracked and trended, and interpreted in order to monitor MRDDA system and provider performance. A Data Summary report on this data is produced on a quarterly basis or otherwise upon Administrator or Unit/Entity request.

Additionally, the Data Integration Unit collects, analyzes and interprets Alerts as defined by the Alert Resolution Committee. This data is tracked and trended, and interpreted in order to monitor MRDDA system and provider performance. A data summary report on this data is produced on a monthly basis.

Data Use for Corrective and Improvement Actions

The process for Corrective action is in conjunction with all parties identified in the *Memorandum of Understanding Enforcement and Compliance* and the Basic Assurance Unit procedures.
Basic Assurance Standards Authorization:

1. If the Provider/vendor fails after two attempts with the Basic Assurance Standards, the Quality Enhancement staff (Technical Assistance and Data Integration) sends the data and notification to the parties identified through the IMEU-MOU. Additionally, the data is used to assist the provider/vendor in changing practices and systems to comply with the standards in preparation for the next assessment.
    a. The Quality Enhancement Staff follows the steps outlined in the section above entitled *Technical Assistance in Response to MRDDA Internal Requests.*

2. If the Provider/vendor fails after the third attempt with the Basic Assurance Standards. The Quality Enhancement staff (Technical Assistance and Data Integration) follows the steps outlined in the IMEU-MOU and collaborates with Case Management to plan for the transition of people into services that are delivered by an authorized provider.

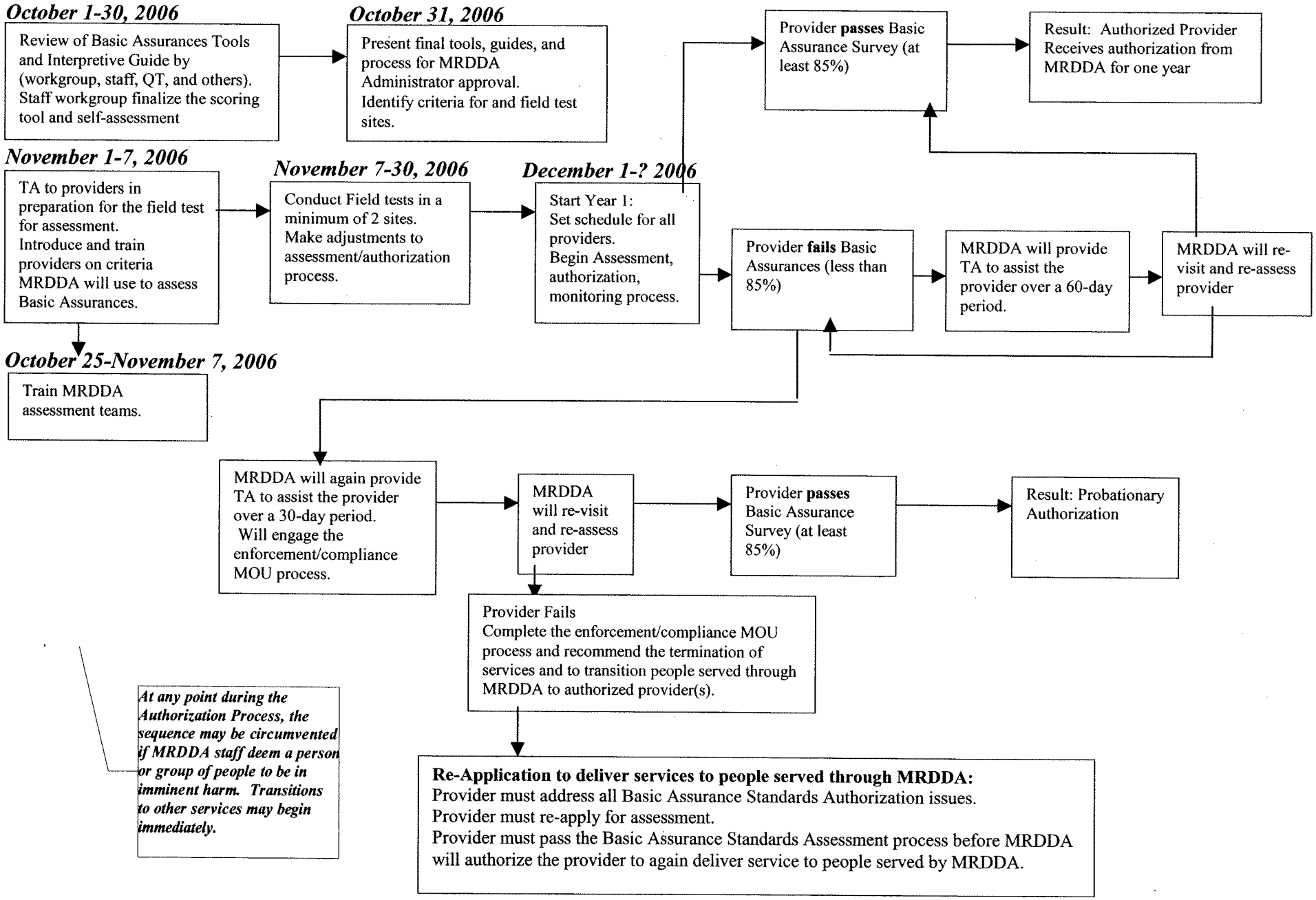
Data Use for Quality Management Planning:

The data is used to further establish plans of action with providers/vendors that have met the minimal Basic Assurance Standards and wish to continue its operations by improving

quality with a sound quality management planning strategy. The data on incidents, MRC/FRC review, licensing, certification, and authorization activities will be used to identify areas needing attention that will help build on solid strategic planning for quality improvement.

MRDDA Reports

Unit/Entity	What	Frequency	To Whom	Report Type
Administration				
Basic Assurances	**Report on Basic Assurances Certification**	**Monthly**	**Administrator, Deputy Administrator for Program Integrity, QE Chief, MRDDA Staff**	**Quantitative/Qualitative Summary Report**
Case Management	**Case Management Monitoring Tool Review**	**As Requested**	**Administrator, Deputy Administrator for Programs, QE Chief**	**Quantitative Report**
Clinical	**Nursing Review of At-Risk People**	**Monthly**	**Administrator, Deputy Administrator for Programs, Clinical Chief**	**Quantitative/Qualitative Summary Report with Recommendations**
Fatality Review	**Review of recommendations and follow-up** **Analysis of systemic trends**	**Quarterly** **Bi-annual**	**Administrator, Committee Chair(s), Deputy Administrator of Program Integrity, QE Chief**	**Qualitative and descriptive charting of the recommendations and status of follow-up and closure.** **Analysis of all recommendations and the implications for systems operations at the provider, MRDDA, and/or Case Management levels**
Incident Management and Enforcement Unit	**Serious Reportable Incidents**	**Monthly**	**Administrator, IMEU Chief, Designee, Quality Trust**	**Quantitative, Data Summary**
	Reportable Incidents	**Quarterly or As Requested**		
Incident Review Committee	**Serious Reportable, Reportable, Alerts, Other**	**Monthly**	**Administrator, Deputy Administrator for Program Integrity, QE Chief**	**Quantitative/Qualitative Summary Report**
Mortality Review Committee	**Review of recommendations and follow-up**	**Quarterly**	**Administrator, Committee Chair(s),**	**Qualitative and descriptive charting of the recommendations**

	Analysis of systemic trends	**Bi-annual**	**Deputy Administrator of Program Integrity, QE Chief**	**and status of follow-up and closure. Analysis of all recommendations and the implications for systems operations at the provider, MRDDA, and/or Case Management levels**
Quality Improvement Committee	**Individual and summary reports of all data sets reviewed, discussed, and for which recommendations are made**	**Quarterly and an Annual comprehensive report**	**Administrator, Committee Chair(s), Deputy Administrator of Program Integrity, QE Chief**	**Qualitative, quantitative, and descriptive charting of the recommendations and status of follow-up and closure of all recommendations. Analysis of all identified trends, recommendations, and the implications for systems operations at the provider, MRDDA, and/or Case Management levels**
Waiver Unit	**Waiver Authorization**	**Monthly**	**Waiver Chief, Designee**	**Quantitative, Data Summary**
	CQI Report on Waiver	**Quarterly**	**Administrator, Waiver Chief, Designee, MAA**	**Quantitative/Qualitative Summary Report with Recommendations**

MRDDA Basic Assurances Authorization Process