

DDS Quality Improvement Committee (QIC) Meeting Minutes
Tuesday, August 13, 2013

In Attendance:

(Chair) Jared Morris, Director, DDS Quality Management Division
Winslow Woodland, Director, DDS Service Planning and Coordination Division
Joyce Maring, George Washington University
Erin Leveton, DDS Legislative and Policy Analyst
Shirley Quarles-Owens, DDS Supervisory Community Health Nurse
Tina Campanella, Executive Director, Quality Trust
Cheryl Smith, DDS Supervisory Medicaid Waiver Specialist
Brandi Crawley, DDS Program Development Specialist
Barbara Stachowiak, Project Director, Provider Certification Review
Dianne Jackson, DDS Supervisory Quality Improvement Specialist
Brenda Sheingold, Coordinator, Health Care Quality Programs, George Washington University
Alyce Fergusson, Staff Assistant, DDS Quality Management Division

Handouts Disseminated

- Agenda for August 13, 2013
- Minutes from June 4, 2013 QIC meeting
- PCR Indicators Most Frequently Missed by Providers who have been on Enhanced Monitoring, dated August 5, 2013
- DDS Human Rights Advisory Committee, Third Quarter, FY 2013 Report

Introduction/ review of June 4, 2013 Minutes

- ❖ The committee reviewed the minutes from the June 4, 2013 minutes. Erin Leveton stated that there were recommendations not mentioned in the minutes from the Second Quarter FY 2013 MRC report presented by Marc Clarke, DDS Mortality Review Coordinator. Jared Morris, stated that he would like to review Ms. Leveton's and Mr. Clarke's notes with them to discuss the necessary changes to the June 4, 2013 minutes and amend the minutes accordingly for the committee's final review and approval during the September 10, 2013 meeting.
- ❖ Mr. Morris spoke about the committee's time management and requested that committee members arrive at least 10 minutes prior to future meetings.

George Washington University/DDA Collaboration- Dr. Lisa Alexander/Barbara Stachowiak Brenda Sheingold – Incident Management

- ❖ Brenda Sheingold proposed the implementation of a pilot by GWU and DDA related to areas from provider certification reviews (PCRs) that have been most problematic for waiver providers. Ms. Sheingold suggested looking at the top three areas of PCR non-compliance, then applying GWU's training module with the assistance of DDA staff to affect improvement on future PCRs. The goal of the pilot would be to meet with the participating providers within a structured time at least six times over a 12-week period, with a completion time by the end of the year.
- ❖ Barbara Stachowiak presented a report of the PCR indicators most frequently missed by providers who were placed on enhanced monitoring. Those missed indicators were related to emergency plans, drills, and training around people's emergency plans. The committee, however, would not limit any of the pilot efforts strictly to indicators related to emergency plans, i.e., any assistance from GWU and DDA on this pilot would be tailored to the indicators missed by each provider.
- ❖ The committee discussed several potential barriers to the pilot, including providers' lack of interest in participating because of costs associated with sending staff to training, and general low morale surrounding increasing DDA-mandated training. The pilot, however, is voluntary, and the desired outcome is that improvement for the first few providers will be incentive for other providers to participate and also achieve success.

QIC Recommendations (GWU/DDA Collaboration)

- ❖ Diane Jackson will narrow the number of providers from 25 that maybe willing to participate in the pilot training.
- ❖ Ms. Jackson will set up a meeting with GWU and DDA's Provider Resource Management Unit to discuss the roles of PRMU and DDA's Quality Improvement Specialists during enhanced monitoring.
- ❖ Ms. Stachowiak will list the indicators for each of the identified providers from the narrowed listed from Ms. Jackson.
- ❖ Ms. Jackson and Ms. Sheingold will provide an update to the committee during the September meeting.
- ❖ Ms. Leveton will forward the Fire & Natural Disaster Procedures and Policy draft to the committee for review, comments and/or recommendations.
- ❖ Ms. Leveton will follow up with Ms. Stachowiak on a check list or template that could be used.

Erin Leveton – Human Rights Advisory Committee, Third Quarter, FY 2013

- ❖ Ms. Leveton presented to the committee the DDS Human Rights Advisory Committee (HRAC), Third Quarter, FY 2013 report. The report focused on HRAC reviews in April, May and June 2013, regarding cases for proposed more restrictive placements, medical

One-to-One Staffing, review of a Behavior Support Plan by DDS's Restricted Control Review Committee and other rights restrictions.

- ❖ The report included systemic recommendations to DDS made by the HRAC.

QIC Recommendations (HRAC Quarterly Report)

- ❖ Future quarterly reports should include the following: (1) the total number of recommendations and the status; (2) the total number of systemic and individual recommendations.

End of Meeting Discussion

- ❖ Mr. Morris announced that specific DDS staff would only be required to attend future committee meetings if they are presenting to the committee.
- ❖ The time of the committee meetings will remain 90 minutes, but the goal is to reduce each meeting to one hour.
- ❖ Goal of the committee is to generate relevant, measurable recommendations for appropriate follow-up and closures.

September 10, 2013 Agenda

- ❖ Quarterly Continuous Quality Improvement Reports (past two quarters) - presented by Alison Whyte, DDS Rights and Advocacy Specialist.
- ❖ Incident Management Report (last quarter) - presented by Ms. Whyte.
- ❖ PCR indicator pilot update- presented by Ms. Jackson and Ms. Sheingold.