

DDS Quality Improvement Committee (QIC) Meeting Minutes
Tuesday, October 1, 2013

In Attendance:

Matt Rosen (Chair), Program Specialist, DDS QMD
Jared Morris, Director, DDS QMD
Cathy Anderson, Deputy Director, DDS DDA
Joyce Maring, George Washington University
Lisa Alexander, George Washington University
Erin Leveton, Legislative and Policy Analyst, DDS
Shirley Quarles-Owens, Supervisory Community Health Nurse, DDS
Barbara Stachowiak, Project Director, Provider Certification Review, DDS
Brenda Sheingold, Coordinator, George Washington University Health Care Quality Programs
Marc Clarke, Mortality Review Coordinator, DDS QMD
Kim Trawick, Program Analyst, DDS QMD
Alison Whyte, Rights and Advocacy Specialist, DDS QMD
Alyce Fergusson, Staff Assistant, DDS QMD
Dianne Jackson, Supervisory Quality Improvement Specialist, DDS QMD

Handouts Disseminated

- September 10, 2013 Minutes
- QIC draft policy
- Themes from QIC Survey Monkey Questionnaire
- Mortality Review Quarterly report (3rd quarter)
- Analysis of External Findings Quarterly report (4th quarter)
- PCR Indicator Pilot update

Review of September 10, 2013 Minutes

- ❖ No corrections or edits were made to the September 10, 2013 minutes.

QIC Draft Policy and Questionnaire – presented by Matt Rosen

- ❖ Matt Rosen presented the QIC draft policy. The purpose of the policy is to fully explain and define the responsibility of the QIC. The draft defined the following areas: Purpose, Applicability, Authority, Policy, Responsibility, and Standards. The committee was asked to review and submit recommendation(s). The following recommendations were offered at the meeting:
 - **6. Standards** – delete “systems renewal” from 5th and 6th line of initial paragraph; delete “rather than individual participant issues” from 7th line of initial paragraph.
 - **6.A.i Correct** – “Identify areas needing remedial action ~~is~~ as appropriate.”

- **6.A.xi Change to the following** – “Receive reports on the recommendations made, their status of implementation and the effect of implementation from Fatality Review Committee, Mortality Review Committee, IMEU, Human Rights Advisory Committee, Restrictive Control Review Committee and QIC.”
- ❖ Matt Rosen thanked the committee members who were able to complete the brief questionnaire on the goals, activities, barriers and membership of the QIC. Matt asked members, who were not able to complete the survey, to fill out the questionnaire in the next week. Matt walked the group through the Themes handout. For the next meeting, Matt will bring the following to the group:
 - Two to three names of possible new members (focusing people who receive services from DDS) and any necessary plans for how to support any members that needs accommodations;
 - List of all the reports that will be regularly presented at QIC with a brief description;
 - List of possible goals to be accomplished over FY14.

Unmet Needs Semi Annual Report (2nd and 3rd quarters) – presented by Alison Whyte

- ❖ Alison Whyte presented a Power Point outlining the findings of the Unmet Needs Semi Annual Report for the 2nd and 3rd quarters. The Purpose of the report is for DDA to identify needs not being met by the service system for *Evans* class members; highlight trends of potential needs not being routinely met and identify recommendations to improve the DDA service system. An “unmet need” is either 1) the identification of a service or support outlined in the ISP and/or ordered in the HCBS Plan of Care that has not been implemented in a timely basis, generally defined as exceeding 30 days from the date of expected implementation or shorter if failure to meet the unmet need more immediately jeopardizes the person’s health or welfare; or, 2) a new need for services or supports that had not been previously identified in the ISP, necessitating an amendment to the ISP for implementation. The following recommendation was offered:
 - Include a breakdown of Domains by month.

Mortality Review Committee Quarterly Report (3rd quarter) – presented by Marc Clarke

- ❖ Marc Clarke presented the MRC Quarterly report that focuses on the deaths of people DDS services. The report includes information on the Columbus reports reviewed by the Mortality Review Committee from April 1, 2013 to June 30, 2013. The MRC reports also indicate the types of residential services such as supported living, natural homes, ICF/ID, etc., for each person reviewed. Marc explained that the OCME does not always perform autopsies (based on recently Mayoral order).

Marc also explained the use of the term “Complication of Cerebral Palsy” (p. 3 of the report) as a classification of death used by the medical examiner for people with severe disabilities who have had multiple diagnosis and medications over the course of their lives. Marc mentioned that the medical examiner does not change the classifications of out-state examiners but will add a case notes if necessary.

Lastly, Marc announced to the committee that effective July 1, 2013, MRC’s recommendations for DDS are uploaded and tracked in MCIS and are monitored for closure. DDS is performing frequent spot checks during provider visits to ensure the provider staff members are trained to know what information and action is to be action during a medical emergency. DDS has provided training to Services Coordinators to encourage them to discussion End of Life planning starting at the onset of health decline or before. Service Coordinators are also encouraged to contact Health and Wellness staff assigned to the provider to assist in medical concern discussions. This will help the Service Coordinators to gain a better understanding of the best course of treatment to and for the people we serve.

External Findings Quarterly Report (3rd quarter) – presented by Dianne Jackson

- ❖ Dianne Jackson presented to the committee the External Findings Quarterly report that captures the deficiencies trends submitted by external monitors related to the DDS providers and the people we all serve. The sources of the external monitoring include Court Monitors, Department of Health Care Finance (DHCF), Department of Health’s Health Regulation & Licensing Administration (DOH/HRLA), University Legal Services (ULS) and the Quality Trust. The External Monitoring reports identify trends of patterns of the providers, person and DDS staff of deficiencies entered in MCIS.

Dianne Jackson explained the reports allow QIC to make recommendations for improvement where needed to include training, policy revisions, and revisions in practices.

Dianne Jackson went through the numbers recorded in the report and highlighted some of the areas with higher numbers of concern. Some of the areas of concerned were Intervention – Medical which were missed appointments, other health, and Adaptive Equipment. The committee was concerned about the category of other health and just what does the mean, Dianne Jackson explained the this category is used when the issues definition was clear to add to an existing category largely due to the lack of medical knowledge.

The category of adaptive equipment was another area of concern and that was largely due to orders not being filled on time, the repairs are not being done on time was used as an

examples. Cathy Anderson, DDA, Deputy Director suggested the QIC review the monthly report that is completed under her supervision that highlights the details of adaptive equipment's by providers and the people that use them.

The following recommendation was offered:

- ❖ Issues entered as “other” should be reviewed by the Health and Wellness staff in order to be reclassified into the proper category or to create a new category.

PCR Indicator Pilot update – presented by Brenda Sheingold and Dianne Jackson

- ❖ Brenda Sheingold and Dianne Jackson provided an update to the committee of the PCR Indicator Pilot which is a training to assist providers improve their PCR outcomes. There were 11 possible providers identified by Dianne Jackson to participate in the pilot.
 - The objective is to have 1 coach for every 2 providers.
 - The projected start date of the pilot is early November 2013.

Next Steps

- Dianne Jackson will reduce the number of providers to the six that will participate in the pilot;
- Set up a meeting with Barbara Stachowiak to get a better understanding of the PCR and the recent trends of deficiencies among the providers.

Announcements

- ❖ Lisa Alexander announced that the results of the Medical Home pilot program will be included in an upcoming DC Board of Medicine Newsletter in hopes of promoting the Team Care concept and making Primary Care providers aware of the financial incentives available to those who enroll in the program.

Next Meeting: November 5, 2013