

**DDS Quality Improvement Committee (QIC) Meeting Minutes**  
**Tuesday, November 5, 2013**

**In Attendance:**

Matt Rosen (Chair), Program Specialist, 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  
Alyce Fergusson, Staff Assistant, DDS QMD  
Marisa Brown, Georgetown University Center for Child and Human Development  
Winslow Woodland, Director of SPCD, DDS  
Bryan Chase, IMEU Supervisory Investigator, DDS  
Nancy Vaughan, Parent

**Handouts Disseminated**

- October 1, 2013 Minutes
- QIC Structure/Function Conversation Follow-Up

**Review of September 10, 2013 Minutes**

- ❖ In the PCR Indicator Pilot Update section, the minutes were edited to clarify that the goal of the pilot is to assist providers in improving their outcomes for the PCR and that 11 possible providers identified to participate.

**PCR Indicator Pilot Update – presented by Brenda Sheingold and Lisa Alexander**

- ❖ Lisa and Brenda met with Dianne Jackson and Barbara Stachowiak to compare the PCR results with the Do Not Refer List in order to determine 11 possible providers for the Pilot program. They will select six of the 11 to participate based on realistic expectations for development and each provider's desire for assistance. Barbara will be getting a report to this group in order to identify the common areas for training. The launch date has been pushed back to January, 2014 in order to hold a leadership meeting with the coaches in December, complete the planning and selection process and get provider feedback.

### **Continuing Quality Improvement (CQI) Report (4<sup>th</sup> Quarter) – presented by Matt Rosen**

- ❖ Matt Rosen presented a Power Point summary of the CQI report for the 4<sup>th</sup> Quarter. The report summarizes the data generated from the Service Coordination Monitoring Tool, which focuses on the following domains, **Satisfaction, Community, Health and Well-Being, Rights and Dignity, Safety and Security, Service Planning and Delivery, Individual Financial Planning**. Overall, the report showed positive results and increase in areas that were previously low.
- ❖ The group discussed two specific issues:
  - How do we increase the number of people who have relationships with people not paid to be in his/her life: Suggestions were made to get people served by DDS involved in DC Serves; community activities sponsored by the Archdiocese of Washington, and Meet-Up. Next step would be build awareness among service providers.
  - How do we increase the number of people having a nutritional goal, if required by the ISP or significant change (e.g. an unplanned weight loss or gain of five or more pounds in less than a month) in the person's nutritional status: Suggestions were made to do additional investigation into whether there is an on-going problem and to provide additional training to SC on various ways to write nutritional goal, such as addressing preparedness. There was a question as to whether this was really about amending goals.

### **Incident Management Quarterly Report (4th Quarter) – presented by Matt Rosen**

- ❖ Matt continued the meeting by presenting a Power Point on the Incident Management Quarterly report for the 4<sup>th</sup> quarter. The report highlighted the number of SRI's and RI's reported during the 4<sup>th</sup> quarter compared to the first three quarters. In this quarter, there was a 1.6 percent decrease in number of people experiencing an SRI for all people regardless of Waiver or Evans class status from the 3<sup>rd</sup> quarter. There was a three percent increase in the number of people experiencing an RI for all people regardless of Waiver or Evans class status from the 3<sup>rd</sup> quarter. The increase can be attributed to the new IMEU Policy and Procedures being implemented on June 1, 2013, which increased expectations that providers report all necessary incidents as well as DDS providing more provider training opportunities on reporting RIs.
- ❖ QIC members offered the following recommendations:
  - Investigate how many individuals experience a “high” number of RIs or SRIs.
  - Investigate which providers are involved in a “high” number of RIs or SRIs.
  - Investigate how many reported RIs become SRIs.
  - Regarding incidents involving MTM Transportation, ensure that all complaints by people receiving services are being entered as incidents.

### **QIC Structure/Function Conversation Follow-Up – facilitated by Matt Rosen**

- ❖ Following up from the conversation at the October meeting, Matt Rosen handed out a document with three additional names to engage in the QIC (one of the names was Ms. Vaughan, a parent of a person receiving DDS services, who had been involved in the QIC in the past and was back with the group at this meeting); three possible goal for the QIC to adopt for the year and a list of the 16 reports (and brief description) that are presented to the QIC. QIC members will contact Matt with any questions or concerns about inviting these people to join the QIC.
- ❖ QIC members asked for more guidance as to what level of performance DDA wanted to achieve and the metrics it used to determine their performance status.
- ❖ For the next meeting, Matt will develop a Survey Monkey tool that lists all of DDA's PRO measures and have the group vote on which ones should be reported on an on-going basis. These measures would be presented by the responsible DDA Division.

### **Next Meeting: December 10, 2013**

Note: The December QIC meeting was canceled due to inclement weather.

### **Next Meeting: January 7, 2014**