

## **Quality Improvement Committee (QIC) Meeting Minutes**

**Tuesday, March 4, 2014**

### **In Attendance:**

Matt Rosen (Chair), Program Specialist, DDS/QMD

Jared Morris, Director, DDS QMD

Cathy Anderson, Deputy Director, DDS DDA

Shirley Quarles-Owens, Supervisor Community Health Nurse, DDS

Erin Leveton, Legislative and Policy Analyst, DDS

Lisa Alexander, George Washington University

Marisa Brown, Georgetown University, Center on Child and Human Development

Barbara Stachowiak, Project Director, Provider Certification Review, DDS

Winslow Woodland, Director of SPCD, DDS

### **Handouts from the Meeting**

- Agenda
- Minutes from February 4, 2014

### **Review of January 7 Minutes**

- ❖ No corrections or edits were made to the February 4, 2014 minutes.

### **Preventive Health Services Study – presented by Marisa Brown**

- ❖ Marisa Brown presented a study completed by Georgetown University Center for Child and Human Development that quantifies the outcomes of DDA's health policy related to the promotion of preventive health screenings. "The data demonstrates high rates of screening for *Evans* class members for major chronic conditions...While there are some areas that can use improvement, the DC DDA is successfully implementing a system-wide approach to preventive screening among adults with ID, and efforts to continue to improve preventive screening should positively impact overall health outcomes through the early detection of cancer and other chronic conditions."

### **Annual Service Coordination Audit Report – presented by Barbara Stachowiak**

- ❖ Barbara Stachowiak presented the Annual Service Coordination Audit Report which samples and reviews the monitoring tools and activities of DDA Service Coordinators (SCs). Overall, the results were positive showing people receiving services and their families were satisfied with the services and interactions of their SC at 98% and a continued high rate of *Met* indicators from last year relating to SC activities measured by the PCR. Some concerns presented to the group included the significant frequency of missing responses and comments in the SC Residential Monitoring Tool, the need to improve the quality of discussion around ISP goals, the need to address the lack of documentation illustrating the frequent contact a SC had with the person receiving

services and his or her support network and educating SC to the *Not Met* indicators for each of the services so that they may improve their monitoring activities by reviewing with providers how they are meeting the needs of individuals they support. The report offered recommendations to address each of these concerns.

The meeting concluded at 3:00 so the QIC Hospitalization Transition Sub-Committee could meet.

**Next Meeting: April 1, 2014**