

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

**Tuesday, June 3, 2014**

### **In Attendance:**

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

Jared Morris, Director, QMD/DDS

Erin Leveton, Legislative and Policy Analyst, SODA/DDS

Lisa Alexander, George Washington University

Joyce Maring, George Washington University

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

Barbara Stachowiak, Project Director, Provider Certification Review, DDS

Nancy Vaughan, Parent

Ben Guillaume, Nurse Consultant, H&W/DDA

### **Handouts from the Meeting**

- Agenda
- Minutes from May 6, 2014
- People Experiencing a High Number of Incidents

### **Review of May 6 Minutes**

- ❖ No substantive edits or additions were made to the minutes.

### **2013 PCR Annual Report – presented by Barbara Stachowiak**

- ❖ Barbara Stachowiak presented a Power Point overview of the 2013 PCR Annual Report. The number of ISP quality indicators varied for each of these services. The range of ISP indicators was 21-30 per service. The results showed that most services did very well in meeting ISP requirements. Twelve (12) of the 14 services scored  $\geq 90\%$  *Met* and two services- Supported Living periodic and Supported Employment Long term Follow Along scored 89% *Met*. This was a slight decrease from last year's results when the overall rate of *Met* ISP indicators in all services was 94%, while this year the overall rate was 92% in all services. Another measurement that illustrates a slight increase in the rate of *Not Met* indicators greater than 10% was that the rate this year was 28%.

The criterion used to identify the *Not Met* indicators was a "No" answer at a rate of 10 % or more on any indicator for the individuals in the sample. While the detail of these results is in the body of this report, there were some themes that emerged. When the most frequently *Not Met* quality indicators were examined for the DC waiver program for all services, there were some themes that emerged. For 11/13 services, except Respite services, which did not require quarterly notes, providers had difficulty in insuring that quarterly notes were distributed as required on average of 33%. Providers in 10 services had difficulty in insuring that quarterly notes contained the necessary information on

average of 24% of the time. Progress on goals and objectives were problematic for 11/14 providers at a rate of 18%. Copies of current ISP's were not in the records at an average rate of 17% across 11 services. Also of significance was a lack of a clear plan when a person had mobility needs. This was seen in 5 services for an average of 24%. When needed, providers on average of 23% across 5 services did not review and revise the ISP when a significant event had taken place in the lives of the individual's affected. BSP's were not approved by the IDT team at rates averaging 18% across 8 services.

The PCR team recommended that DDA deal with the major issues pointed out in this report from a coordinated approach with the department entities. For example:

- The Provider Performance Reviewers may want to have providers identify in their QA plans how they will insure these issues are addressed in their organizations.
- The Service Coordination Division may want to use these results when monitoring individual's on their caseloads. The issues that have been identified as themes can inform the Service Coordinators when talking to individuals, and providers, and when reviewing records, to see that for the individuals they monitor, these issues are being satisfactorily addressed.
- DDA may want to track these specific indicators on a quarterly basis and request data from the PCR team that identifies which providers are not meeting these frequently seen Not Met indicators. This information can be shared with the Quality Management Division, the Provider Resource Unit, and the Service Coordination Division, so individual Quality Improvement Specialists, Provider Resource Specialists and Service Coordinators can follow up with individual providers.

### **Presentation on People who Experience a High Number of Incidents – presented by Matt Rosen**

- ❖ In the last Incident Management Report, QIC members asked for a review of people who have experienced a high number of incidents. For this review, Matt Rosen defined “experience a ‘high’ number of RIs or SRIs” as experiencing at least four incidents, either RIs or SRIs, in a quarter, which is more than twice the average number of incidents experienced by any person who has an incident. The table below shows the number of people by quarter who experienced at least four incidents in any of the last five quarters (January 1, 2013 through March 31, 2014) and the maximum number of incidents experienced by any one person.

	Quarter				
	FY13 Q2	FY13 Q3	FY13 Q4	FY14 Q1	FY14 Q2
# of people w/ at least 4 incidents per quarter	36	55	68	55	45
Max # of Incidents for any one person	10	17	12	25	18

Overall, there were a total of 176 unique people (8.0% of all people currently served by DDA and 12.8% of all people who experienced an incident during the 15 month period) who experienced 1,364 incidents (25.2% of all incidents reported in the time frame). Furthermore, there were three people who experienced at least four incidents in each of the five quarters; four people who experienced at least four incidents in four of the five quarters; and, seven people who experienced at least four incidents in three of the five quarters.

Matt presented a closer look at the 14 people who had experienced a high number of incidents in at least three of the five quarters. This group represented one percent of the people experiencing incidents in the five quarters and 7.4 percent of the all incidents experienced during the five quarters. In addition to the handout that showed the number and type of incidents experienced by each person, Matt provided the person's Waiver and Evans status, gender, age, LON Score, type of residential and day services, recent interactions with the Restrictive Controls Review Committee and any critical notes made during his review of the incidents. The group made several recommendations for people to be referred to additional resources. In addition, the group requested DDS talk about convening a team of DDS staff from various departments to discuss how each person might benefit from additional person-centered planning and other services.

**Next Meeting: July 1, 2014**