

Quality Improvement Committee (QIC) Meeting Minutes
Tuesday, August 2, 2016

In Attendance:

Matt Rosen (Chair), Supervisory Quality Improvement Specialist, QMD/DDA
Lisa Scott, RN, Health & Wellness Unit/DDA
Jimi Lethbridge, Quality Trust
Caroline Egan, Georgetown University
Marisa Brown, Georgetown University
Corey Neils, Program Specialist, QMD/DDA

Handouts from the Meeting

- ❖ Agenda
- ❖ Minutes from July Meeting
- ❖ Re-hospitalization Study Follow-Up Questions Part 1 (displayed)
- ❖ Georgetown University Center for Child and Human Development (GUCCHD) Proposal for Individualized Trauma Informed Care Implementation

Review of July 5, 2016, Minutes

- ❖ No substantive changes to the minutes.

Re-hospitalization Study Follow-Up Questions Part 1 Review

Caroline Egan and Marissa Brown of Georgetown University answered questions posed at the previous meeting as they related to the information reported in the Rapid Rehospitalization Study. Many of the questions can be addressed with further research or a change in the way information is presented. Marissa Brown noted that due to other projects (QIDP Survey), Caroline's time will be limited and may affect when items are completed. Some issues (#4) will require DDS' assistance in obtaining beneficiary identification through a comparative analysis with MCIS. According to Caroline Egan, Analyst, other questions (#6) cannot be answered with the current data available as this information may be impacted by Affordable Health Care Act changes. Marissa also added that additional co-morbidity data is necessary to provide more qualitative information because the information from DHCF only lists a maximum of 3 co-morbidity conditions. A review of MCIS information may provide more correlative data with a complete list of conditions. This information was also related to question # 8 which might provide data in regards to preventability. The committee discussed the discrepancy in Serious Reportable Incidents as it pertains to psychiatric hospitalizations. Psychiatric admissions average at 11% (over the past year), and a separate category of "behavioral" SRI that results in hospital admission is 7%. The question of how DHCF defines hospitalization was discussed and requires further clarification from DHCF. Other issues including information regarding hospitalization of DC residents receiving services outside of the District (IL, PA, MA, WV, and FL) was discussed but presents challenges if the DHCF data is not organized in a manner that would make that information obtainable/accessible.

GUCCHD Proposal for Individualized Trauma Informed Care Implementation

Marissa Brown introduced the Georgetown University Center for Child and Human Development (GUCCHD) proposal for Individualized Informed Care Implementation. According to Marissa, the proposal is a training initiative based on discussions with various District agencies in regards to the development of a trauma-informed care approach for the people they serve. This would also include agency directors or others who are critical to efforts to create trauma-informed systems and organizations. The training would focus on providing guidance and strategies to set up and enhance effective therapeutic and organizational practices that support healing and resilience. Although no data has been formulated

yet, the committee discussed the possibility of cross-referencing and analyzing MCIS incident data to determine if trauma-informed care can be applied.

Announcements and Other Updates:

There were no new announcements or other updates.

Next Meeting: Tuesday, September 6, 2016, at the new DDS location, 250 E Street SW.