

Quality Improvement Committee (QIC) Meeting Minutes
Tuesday, December 6, 2016

In Attendance:

Matt Rosen (Chair), Supervisory Quality Improvement Specialist, QMD/DDA
Jimi Lethbridge, Quality Trust
Marisa Brown, Georgetown University
Barbara Stachowiak, PCR/Liberty/DDA
Cynthia Brunson, RN, Health & Wellness/DDA
Emma Hambright, ORA, QMD/DDA

Handouts from the Meeting

- ❖ Agenda (Displayed)
- ❖ Minutes from November Meeting

Review of November 1, 2016, Minutes

- ❖ No substantive changes to the minutes.

Planning Discussion for Improving Services and Supports for People with Dementia

The group conversation focused on three areas: 1) implementing a differential diagnosis screening tool; 2) editing the BSP policy and procedures to specifically address the unique circumstances faced by a person with Dementia, and 3) offering various staff training opportunities to agency and provider staff. The overall purpose of the differential diagnosis screening tool would gather data that could be presented to a person's PCP and neurologist. In considering the idea of making it a requirement in the DDA Health & Wellness standards, it was recommended that DDA take a year to conduct a pilot program with large providers. Another recommendation was to encourage people served by DDA and have been diagnosed with Down Syndrome to use the tool. DDA would also make a concerted effort to reach out to people with DS who live in a natural home setting.

The policies for BSP would need to change because the purpose of a BSP for a person with Dementia is not to habilitate. The BSP and behavior support services would be more targeted to helping staff and family support the person when disruptive behaviors occurred. ORA will consider several potential flags that might help direct the BSP developer and support team to consider Dementia a source of the behavior. These flags include if a person is older than 40 years of age and is seek behavior support for the first time, RCRC potentially needing to review the LON and including several Dementia specific questions in the BSP document.

The group then talked about the various levels of staff training that should occur. Though Georgetown has finished training for Service Coordinators, nurses, program directors, Q's, DSPs, BSP developers all need more training on what to look for and how best to support. Marisa will look into the National Task Force on Dementia coming and completing opportunities for DSPs to do a Train the Trainer model as well as the full two-day training for Health and Wellness staff.

Next Meeting: Tuesday, February 7, 2017, at DDS.