Quality Improvement Committee (QIC) Meeting Minutes Tuesday, February 7, 2017

In Attendance:

Matt Rosen (Chair), Supervisory Quality Improvement Specialist, QMD/DDA Matt Mason, Georgetown University
Christine Foster, Quality Trust
Deidhra Peter-Thomas, RN, Health & Wellness/DDA
Barbara Stachowiak, PCR/Liberty/DDA
Corey Neils, Program Specialist, QMD/DDA
Marisa Brown, Georgetown University

Handouts from the Meeting

- Agenda (Displayed)
- Minutes from December Meeting
- QIC FY16 Annual Report
- * Rapid Rehospitalization Study
- Article: "Predicting Hospital Readmission."

Review of November 1, 2016, Minutes

No substantive changes to the minutes.

Review of FY16 QIC Annual Report

The committee began the first meeting of 2017 with a discussion of the FY16 QIC Annual Report. The report highlights the committee's activities over the year including initiating the rehospitalization study with Georgetown University, continuing work on falls prevention and development of the Physical Therapy Evaluation Manual, as well as, many reviews of CMS' HCBS Settings rule and implications for the people receiving services from DDA and the provider community. Members requested confirmation that Trauma Informed Care was not included on the agenda for FY16. The group will vote whether to accept the Report at the next meeting.

Review of Rapid Re-hospitalization Documents

Marisa facilitated a discussion of the article handout," Predicting Hospital Readmission." The article poses the clinical question, "What is the best way to predict unplanned readmissions or early death following hospitalization" and the clinical strategies used to determine readmission. Two particular strategies: LACE (Length of stay, Acuity of admission, Comorbidity, Emergency department use within six months of admission); and, HOSPITAL (low Hemoglobin level, discharge from Oncology, low Sodium level, Procedure during hospitalization, nonelective Index admission type, number of hospital Admissions during the previous year and Length of stay) are highlighted in the article. Each process using a scoring system to determine the possibility of a patient's likelihood of being readmitted to the hospital. Marisa summarized the study emphasizing three key aspects to minimizing readmissions: close follow-up with Primary Care Physicians and specialists; nutritional assessments and necessary dietary changes to maintain health; and comprehensive home health care (overcoming obstacles to healthcare and timely follow-up). The group discussed the possibility of creating a questionnaire specific for people living in Natual Homes.

Announcements and Other Updates

Marisa requested an update for the next meeting on the Physical Therapy Evaluation Manual and the possibility of using it with Liberty Healthcare activities. Liberty conducts OT and PT adaptive equipment reviews, and the manual may be useful in facilitating preventative strategies. The plan will be discussed with DDA management.

Marisa also updated the discussion from the December meeting on Improving Services and Supports for People with Dementia. The upcoming Dementia focused training, in April, will be open to DDA and provider staff. The training will have a 3rd-day Train-the-Trainer component which will have an impact on Behavior Support Plan (BSP) design and Health & Wellness standards, as well as, PCR guidelines for providers supporting people with dementia. Invitations for the training will be sent out by mid-February. Georgetown is also exploring the possibility of providing Continuing Education Units (CEU) for psychologists that attend the training.

The group discussed the first screening tool for assessing individuals that may have experienced trauma. The one-page instrument is generalized with an emphasis on the detection aspect seeking to identify life domains that may be affected. The screener is used for new cases, as well as, annual screening for existing cases.

Next Meeting: Tuesday, April 4, 2017, at DDS. (The March meeting was canceled.)