



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**DEPARTMENT ON DISABILITY SERVICES**

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

**Tuesday, February 6, 2018**

**In Attendance**

Nanya Chiejine, Asst. Director, Georgetown DDAHI  
Marc Clarke, Mortality Review Coordinator, QAPMA, DDA  
Angelica Ross, Program Analyst, QAPMA, DDA  
Corey Neils, Program Specialist, PM, DDA

**Handouts from the Meeting**

- ❖ Agenda
- ❖ Repeat Indicator Analysis
- ❖ QIC FY17 Annual Report
- ❖ DDS Annual Performance Rate for CMS Measures

**Review of December 5, 2018, Minutes**

- ❖ No substantive changes made to the minutes.

**Review and discussion of PCR Repeat Indicator Analysis**

- ❖ Angelica Ross, Program Analyst, QAPMA presented the analysis of trends in repeat deficient indicators in the Provider Certification Review (PCR) process. The study looked at three years of PCR data (January 2015 – January 2018) to determine those indicators considered “Not Met” for providers. Of the 104 providers that had received multiple reviews within the period, 84 providers were found to have repeat deficient or “Not Met” indicators. Some repeat deficiencies noted included but were not limited to CQ.20- Were quarterly reports written and distributed per DDS policy; OO.Man.12- Does the provider have a system in place to ensure that services are evaluated throughout the ISP year; and, CQ.33.14- Are progress notes written in accordance with DDS policy? The committee discussed the possibility of revising the PCR to include more quality related items and DDA consideration of templates of required reports to ensure compliance. QAPMA will share its findings with Liberty and address providers with repeat deficiencies with technical assistance through the Quality Resources Unit.





### **QIC recommendation involving inappropriate CPR response of staff in mortality investigations**

- ❖ Marc Clark, Mortality Review Coordinator, QAPMA presented the Mortality Review Committee's request for the Quality Improvement Committee's recommendations on the MRC's recommendation regarding staff and CPR training. As discussed, DDA will continue to work with its vendor, GUCCHD, to develop and produce a training module to provide an additional training resource to providers.

### **Review of FY17 QIC Annual Report**

- ❖ The committee reviewed and discussed the FY17 QIC Annual Report. The report highlights the committee's activities over the year including the continuing discussion of the rehospitalization study with Georgetown University (initiated in FY16), the DDS-hosted Trauma Informed Care conference, as well as, discussions and training GUCCHD training activities on improving services for people with Dementia. The committee continues to discuss NCI results as well as, CMS' HCBS Settings rule and implications for the people receiving services from DDA and the provider community. The group will vote whether to accept the Report at the next meeting.

### **DDS Annual Performance Rate for CMS Measures**

- ❖ Corey Neils, Program Specialist, PMU presented a chart of DDS' progress in performance on CMS Performance Measures over the course of the IDD waiver. As the chart indicates, DDS has achieved marked continuous improvement in performance over the 5-year span (2012-2017) of the waiver going from 51% to 97% overall compliance. DDS started a new IDD waiver in November 2017.

### **Announcements and Other Updates**

None at this time.

**Next Meeting:** Tuesday, March 6, 2018, at DDS.

