



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, April 3, 2018

In Attendance

Jared Morris, Deputy Director, QAPMA, DDS
Chioma Nwachukwu, Supervisor, Health & Wellness, DDS
Marc Clarke, Mortality Review Coordinator, QAPMA, DDS
Christine Foster, Program Coordinator, Quality Trust
Jimi Lethbridge, Deputy Director, Quality Trust
Barbara Stachowiak, Project Director, Liberty
Matt Mason, Director, GUCCHD
Nanya Chiejine, Asst. Director, GUCCHD
Erin Leveton, Program Manager, SOPPI, DDS
Corey Neils, Program Specialist, QAPMA, DDS

Handouts from the Meeting

- ❖ Agenda
- ❖ FY 17 Annual Report (sent via email)
- ❖ GUCCHD DDA Hospitalization Study (sent via email)

Review of December 5, 2018, Minutes

- ❖ No substantive changes made to the minutes.

PCR Annual Service Coordination Review

- ❖ Barbara Stachowiak presented the highlights of the Annual PCR Service Coordination Audit for 2017. The audit noted SPCD performance improvements including service coordinators documenting significant changes in a person's life in MCIS (increased from 70% last year to 88% this year); actions taken by service coordinators when a person experienced a decline in health (100% compared to 67% last year); and service coordinators reviewing SRIs with the person/family in natural homes (increased from 60% to 100% this year). The audit also detailed some areas of concern. These areas included items such as a decline in Pre-ISP notes (100% last year to 90% this year), service coordinators detailing of criteria for goals and services in the ISP (94% last year to 84% this year), and timely modification LONS (from 100% to 72% this year). The overall rate of satisfaction with SPCD continues at a 99%. SPCD will respond to the audit findings at the next QIC meeting.





GUCCHD Re-Hospitalization Study Presentation

Matt Mason and Nanya Chiejina of GUCCHD presented the DDA Re-Hospitalization study that focused on the question of if adults with intellectual disability that receive services from DDA are being admitted for hospital care more frequently than their non-disabled peers. The study concluded that the major causes of hospitalization and admitting diagnoses fell in the “other” category (40%). The other major categories were Digestive (24%), Respiratory (22%) and Circulatory (14%). Some common ailments were Gastrointestinal problems, Pneumonia, and symptoms of a stroke. GUCCHD noted that in many cases the admitting diagnosis often did not match the discharge diagnosis. The committee discussed the other factors identified by the study including age, gender, renal disease, cellulitis and vascular disease. Each of which highly correlates ($P < 0.01$ to $P < 0.07$) to the likelihood of a person being re-hospitalized. In comparison, the Charlson Co-morbidity Index is used to assign a risk value in each diagnostic category and can be used to predict the risk of hospitalization without regard to disability. The study provided recommendations such as developing observational procedures for people with renal failure, identifying determining aspiration pneumonia vs. community-acquired pneumonia and possible policy affecting pneumonia vaccines, and providing additional training and supports to direct staff on identifying and tracking digestive symptoms. GUCCHD clarified that the rate of hospitalization for the adults in the District is 9% and the national average is in the range of 13%.

Announcements and Other Updates

GUCCHD announced that the April Nursing Roundtable would focus on signs and symptoms of stroke and the June Nursing Roundtable will focus on issues related to Peg and J-tube.

Next Meeting: Tuesday, May 1, 2018, at DDS.

