



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

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

**Tuesday, July 3, 2018**

**In Attendance**

Winslow Woodland, Deputy Director, DDA, DDS  
Chioma Nwachukwu, Supervisor, Health & Wellness, DDS  
Marc Clarke, Mortality Review Coordinator, QAPMA, DDS  
Matt Mason, Director, GUCCHD  
Barbara Stachowiak, Project Director, Liberty  
Corey Neils, Program Specialist, QAPMA, DDS

**Handouts from the Meeting**

- ❖ Agenda
- ❖ IRC CORE Subcommittee SRI and RI Falls Data Findings FY 18 Q1 – Q4 (viewed on screen)

**Review of June 5, 2018, Minutes**

- ❖ No substantive changes made to the minutes.

**Follow-up discussion on MRC Recommendation to QIC re End of Life Planning**

The committee continued its discussion of End-of-Life (EOL) planning which continues to be an issue in death investigations. Winslow Woodland, Deputy Director of DDA, made note that his department is working on a desk guide to assist Service Coordination staff with addressing and documenting all EOL planning activities in a consistent and readily accessible manner which may include drop-down lists added to the computerized ISP. SPCD also noted that situations like the rapid decline of a person's condition or receiving a grim prognosis or diagnosis are not triggering any updates, revisions or team action to the EOL plan as it should. SPCD will share copies of the EOL planning tools and GUCCHD', Lisa Brace, RN, will review recommendations and insights from the community at the next meeting.

**IRC CORE Sub-committee Fall Findings**

The IRC Sub-committee is charged with the tracking and trending of incident and issues data to discover patterns, identify trends for individuals and providers. The committee also informs DDA Senior Management of patterns and trends. The sub-committee examined SRI and RI incident data to identify incidents involving falls for FY18 year-to-date. The committee looked at: Total falls, Providers reporting falls, the reasons for falls, fall data by age, and notable trends. The committee also reviewed the subcommittee's recommendations based on these findings.





Overall, the committee reviewed 65 SRI which involved falls (8% of all SRI's accepted) and 187 RI's (7% of all RI's accepted). Some notable trends included, but not limited to:

- 55 people experienced SRI level falls with six people having multiple falls, 146 people experiencing RI level falls with 26 people having multiple falls;
- Falls assessments were completed for three of the six people who experienced multiple falls and six of the 26 people experiencing multiple falls had fall assessments completed;
- 58% of RI and 56% of SRI falls were experienced by people in the 45 – 65 age group;
- Falls are not a specific incident type and are identified manually;
- Of the incidents reviewed, 29% (SRI) and 40%(RI) considered “Not Specified” as a reason for falls;
- 13% of RI falls attributed to “Tripped” and 14% of SRI falls occurred in the bathroom.

The subcommittee recommended that DDS consider developing fields on the Incident Report to capture falls details and to further consider including the requirement of completing fall assessments for people experiencing more than two falls within a specified period in the Health & Wellness standards. The committee discussed the findings, trends, and recommendations. The IRC CORE subcommittee will continue to track, and trend falls data. GUCCHD will present falls data at a future QIC meeting.

#### **Announcements and Other Updates**

No announcements or updates at this time.

**Next Meeting:** Tuesday, August 7, 2018, at DDS.

