

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT ON DISABILITY SERVICES

Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, February 5, 2019

In Attendance

Erin Leveton, Deputy Director, QAPMA, DDS Yolanda Van Horn, Psychologist, DDS Casey Nelson, Psychologist, Liberty Chioma Nwachukwu, Supervisor, H&W, DDS Dianne Jackson, QRU Supervisor, QAPMA Greg Coffman, IMEU Supervisor, QAPMA Greg Banks, PAU Supervisor, QAPMA Marc Clarke, MRC Coordinator, QAPMA Milton White, IRC Coordinator, QAPMA Kim Trawick, Program Analyst, QAPMA Emily Price, SOPPI, DDS

Enyeribe Elegalam, DDS Thomas Mangum, Project Action! Thelma Green, Project Action! Steven Powe, Self-Advocate Nanya Chiejine, Asst. Director, GUCCHD Michael Sigelman, RN, GUCCHD Lisa Brace, Transition Nurse, GUCCHD Precious Myers-Brown, SJCS Kim Scott, My Own Place Ian Paregol, DD Coalition

Corey Neils, Program Specialist, PMU, DDS

Handouts during meeting

Agenda

DDS Serious Reportable, Reportable Incident and Recommendations PowerPoint Presentation (on-screen) DC Health and HRLA Statement of Deficiencies Data (on-screen)

Review of December 5, 2018, Minutes

No substantive changes made to the minutes.

Welcome and Introductions

Erin Leveton, Deputy Director of the Quality Assurance and Performance Management Administration (QAPMA) of DDS, welcomed the new and existing members to the reformatted Quality Improvement Committee. The expanded meeting allows for DDS staff, external stakeholders (like Project Action! and the DD Coalition), advocates, and I/DD providers to meet and discuss issues that have an impact on the quality of services provided.

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Q1 Significant Trends in Incident Report for Individuals and Providers

Dianne Jackson, QRU Supervisor; Greg Coffman, IMEU Supervisor; and Greg Banks, PAU Supervisor, led the PowerPoint presentation providing an in-depth explanation of the incidents, incident reporting, the IRC process (DDS Triage), investigation process, and investigation recommendations. The presentation outlines the process from an incident occurring and what constitutes than incident, the completion of an incident report including category (serious vs. reportable) and type of incidents. Dianne explained the IRC triage process and the steps all incidents go through once submitted to DDS to ensure timely submission, correct category, and appropriate type reported. Some trends noted are timely incident reporting for quarter 1 is 89%; there was a total of 1113 incidents reported (808 Reportable and 305 Serious Reportable); and most incidents appear to occur in Supported Living environments (679). The most frequent type of incidents continues to be: Emergency Room or Urgent Care Visits (312) and Unplanned or Emergency Inpatient Hospitalizations (110). DDS continues to track, trend, and monitor incidents.

Greg Coffman, IMEU Supervisor, presented the investigation process once a serious reportable incident has been submitted. Greg reminded members that the investigation outcome is based on a preponderance of the evidence and recommendations are based only on what is found during the investigation. Greg made special note to remind members that IMEU investigators have 40 calendar days to complete their investigation. Explanations were provided for the differences in investigation conclusions or outcomes. A chart displaying the investigation outcomes and the number of closed investigations for quarter 1 was shared with the committee.

The last part of the presentation was completed by Greg Banks, PAU Supervisor, and explained the incident recommendations and the Compliance Specialists, whose job it is to ensure that recommendations are implemented and if not, that the steps taken meet the requirement of the recommendation. Over the quarter, 223 recommendations were made. Of those recommendations 210 or 94% of recommendations were implemented on time which represents 68 providers. The committee was reminded that providers that fail to comply with IMEU policies or procedures (or deficient performance) may be subject to sanctions from DDS. All three presenters emphasized the importance of all people to report incidents in order to identify, and most importantly, prevent abuse and neglect.

Q1 Significant Trends identified in the DDS Licensing Report

Dianne Jackson, QRU Supervisor, continued with a presentation on the Licensing process for ICF (Intermediate Care Facilities) and Residential Habilitation sites by the Health Regulation and Licensing Administration (HRLA). Dianne reviewed the Statement of Deficiency (SOD) Reports making note that DDS does not conduct this review but collaborates with HLRA by tracking the deficiencies found during recertification audits. The Quality Resource Unit (QRU) reviewed the first quarter findings, pointing out that providers may appear in multiple months because the recertification process is based on individual sites. QRU is responsible for compiling, tracking, and inputting issues (deficiencies found) into MCIS within five days of receipt of the SOD. Some examples of deficiencies found during HRLA audits and are tracked by QRU include policies/procedures for medical documentation, habilitation and training, program administration and implementation, and evacuation drills. Over the quarter, 28 sites were audited. Of those, 139 deficiencies were found. The 28 sites audited represent 13 unique providers.





RCRC Annual Report & Response to GUCCHD Report of DDS Behavior Supports

Deferred to next meeting.

Announcements and Other Updates

- Webinar Viewing here at DDS: <u>NCI and the Missouri Division of Developmental Disabilities:</u> <u>Using Data for Change</u> on Thursday, February 28, 2019 at 3 pm – 4 pm. If you are planning on joining us, please contact Corey Neils at <u>corey.neils@dc.gov</u> or (202) 531-4647.
- Quality Improvement Committee Meetings are the first Tuesday of each month. Each meeting will be accessible in person and via the internet using WebEx.
- Minutes to past QIC meetings are available on the DDS website (DDS.dc.gov).

Next Meeting: Tuesday, March 5, 2019, at DDS.

