Quality Improvement Committee (QIC) Meeting Minutes

Tuesday, March 5, 2019

In Attendance

Erin Leveton, Deputy Director, QAPMA, DDS
Winslow Woodland, Deputy Director, DDA
Yolanda Van Horn, Psychologist, DDS
Casey Nelson, Psychologist, Liberty
Chioma Nwachukwu, Supervisor, H&W, DDS
Barbara Stachowiak, Project Director, Liberty
Dianne Jackson, QRU Supervisor, QAPMA
Greg Banks, PAU Supervisor, QAPMA
Marc Clarke, MRC Coordinator, QAPMA
Emily Price, SOPPI, DDS

Matt Mason, Director, GUCCHD
Nanya Chiejine, Asst. Director, GUCCHD
Clarissa Williamson, GUCCHD
Miatta Thomas, Wholistic
Kim Scott, My Own Place
Ian Paregol, DD Coalition
Jana Berhow, VOAC
Adina Devonish, Parent Advocate
Karen Davis, Project Action!

Corey Neils, Program Specialist, PMU, DDS

Handouts during meeting

Agenda
Follow-Up Questions presentation (on-screen)
Positive Behavior Supports presentation (on-screen)
PCR Quarterly Report Data presentation (on-screen)

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.

Review of Follow-Up Questions from February 5, 2019 meeting

Dianne Jackson, QRU Supervisor, facilitated the conversation to provide answers to questions posed by committee members generated at the last QIC meeting. The questions and answers were made part of the PowerPoint presentation. The committee discussed the need for specific data points that may not be in the incident report data but may be available in more detailed investigative reports and the possibility of reporting on those specifics at the next incident presentation. Additionally, clarification or dive into the significance of investigation outcomes and what findings mean in terms of impact on people involved, the severity of the substantiated allegation, and the differences between Reportable and Serious Reportable Incidents. Dianne will consult with Greg Banks and Greg Coffman to identify specific data points.

Erin Leveton, QAPMA Deputy Director, provided further information on the recommendation made by the Mortality Review Committee (MRC). Erin noted that DDS would confer with DHCF on getting Medicaid claims data from DHCF that will help to determine if individuals receiving in-home supports may be visiting

the emergency room and these visits are not being brought the attention of DDS. The committee suggested that in addition, is it possible to add such questioning of in-home supports recipients to ensure that if a visit occurs between visits that the provider agency is made aware, which would not be considered late reporting because the incident reporting form allows for the provider to indicate that they were "informed" of the incident. Marc Clarke, MRC Coordinator, also added that the MRC is seeking through the recommendation to have a more consistent means of ensuring that ER visits and hospitalizations that occur in the natural homes are reported to DDS. DDS Health and Wellness is working on clarification for what might be a misinterpretation on suspected minor head injuries (a person bangs their head) to ensure that an assessment is completed (especially if it is witnessed) and not necessarily an ER visit which may be artificially inflating ER visits. Dianne suggested that providers can report on those trends based on their internal quarterly trend analysis based on their internal investigations (which DDS does not receive). Erin added that if this data is something that DDS has then a recommendation can be made to the IRC CORE. If it is provider information, then providers can report.

Erin suggested that the question about unannounced monitoring and the governance of the QIDDP can be deferred to the Supporting Families Community Practice or the Provider Coalition to discuss how provider quality assurance systems are working. Kim Scott, My Own Place, made note that providers are subject to unannounced visits by monitoring entities.

Regarding unreported hospitalizations, a suggestion was made that CRISP would help determine reported versus unreported hospitalizations. Erin commented that DDS would be having a conversation with DHCF on the possibility of accessing CRISP data.

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

Dr. Yolanda Van Horn and Dr. Casey Nelson presented the DDS response to the Georgetown study on Behavior Support Plans. The study reviewed 41 plans for their level of compliance with Behavior Support plans. The presentation focused on the compliance indicators, the performance of those indicators, and the goals developed based on that performance. Dr. Van Horn noted that three goals were developed to improve the BSP process to capture and measure the quality implementation of behavior supports. The first is to continue revising the BSP template to incorporate all the person. Dr. Van Horn agreed that Georgetown's recommendation to incorporate Individualized Trauma Informed Support Strategies about people who have been exposed to trauma and how that affect their behavior. Also, Dr. Nelson's approach to strategies in skill building by improving people's skills so the target behaviors will no longer be needed. Second, revise the behavior support monitoring tool to look at the person-centered approaches to impact the interactions between the DSPs and the person that will lead to positive outcomes. Lastly, the analysis of behavioral incidents instead of relying on anecdotal information to make better-informed revisions to behavior plans. The committee noted the inclusion of Person-Centered Tools that will make for a much more collaborative, and less clinically complicated, plan which takes more of who the person is into account and less focus on just the target behaviors.

Matt Mason made note that the GUCCHD study was a "paper" review and was not observational based ensuring that the structure of the BSP around capturing all the necessary information to demonstrate the Person-Centered approach will be necessary.

The committee discussed that plans are too clinical for DSP's and that individuals are not part of the BSP development process which is not a person-centered approach. Kim Scott also brought up the issue of why behaviors like not telling the truth are not addressed as behavior considering the implications of falsehoods against staff or others. According to Dr. Van Horn. There is no set rule against addressing behavior that is potentially a threat (looking at the nature or impact of the falsehood). Miatta Thomas, Wholistic, brought up the issue of a lack of uniformity for interventions and the need to consider a multicultural approach for DSPs but these approaches should be uniform. Karen Davis, Project Action, discussed the PCT tool and how it can be used as a training tool on how to best communicate with individuals so that interventions need not necessarily be part of the BSP and part of normal communication with the person. Kim Scott suggested the idea of possible support groups for people we support that have similar issues and how that might be helpful and normalizing for people with challenging behaviors.

Provider Certification Review Report for Q1

Barbara Stachowiak, Project Director, Liberty/PCR, presented the quarterly PCR data report. The first quarter data (October 2018-December 2018) is the aggregated responses to the PCR Review. The report highlights those indicators that were at least 10% and divided into the sample. Ian Paregol, Provider Coalition, questioned the calculation method used for N/A's in the survey and what the percentage shown represents. Erin suggested sharing the pilot tool created by providers in Missouri to possibly assist providers in showing the progress toward goals. Erin suggested sharing this information with the Provider Leadership committee to better understand the tracking of individual progress and possibly assist with meeting the indicator. Kim Scott brought up that because of the requirements regarding progress notes in the persons plan it has made teams reluctant to explore goals and limit the number of goals s person may have. Karen Davis discussed that goals should be part of the persons natural day, structured based on the quality of the person's life and not set-aside activities that may not be in the context of a person's day, further stating that goals should be a matter of quality, not just compliance. Winslow Woodland, DDA Deputy Director, noted that the development of goals should consider the person and allow for the flexibility in what that person may choose to do daily. Erin also mentioned that based on this discussion, key areas of the regulation would be revisited to ensure that it is clear and effective. Time did not permit the completion of the presentation; however, the entire presentation is included in the attached materials.

CMS Measures Annual Review

Erin quickly mentioned that DDS received the CMS Performance Measures report from DHCF for Waiver Year 1 Quarter 4, which includes the annual averages for each measure. Erin noted that DDS is above the 86% compliance threshold on all measures.

Announcements and Other Updates

- 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, April 2, 2019, at DDS.