

Quality Improvement Committee (QIC) DC Health/HRLA Statement of Deficiencies Data FY19, Quarter 1

Quality Assurance & Performance Management

Administration

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Agenda



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Introduction



The Quality Assurance and Performance Management Administration (QAPMA) is vital in establishing meaningful standards that objectively measure the performance and effectiveness of the Department on Disability Services (DDS) service delivery system. The QAPMA, Quality Resource Unit (QRU) is responsible for compiling external monitoring data assessment and tracking of areas of deficiencies identified to determine next steps.

QAPMA is responsible for:

- Data collection, analysis and other quality indicators as needed;
- Making recommendations for internal and external systems improvement and remediation strategies, and collaboration with DC Health /Health Regulation & Licensing Administration (HRLA) regarding Chapter 35 licensure and ICF/IDD survey results and follow-up;
- Review of deficiencies to determine if imposing of sanctions is warranted; and
- Provide technical assistance to the Provider community in these areas by conducting follow-up verification monitoring reviews.

Health Regulation and Licensing Administration



- DC Health/HRLA is responsible for administering all District and federal laws and regulations which governs licensure, certification, and regulation of all health care facilities in DC.
- HRLA is required to inspect health care facilities and providers who participate in the Medicare and Medicaid programs; respond to people; incidents and/or complaints; and conduct investigations if required.
- If warranted, DC/HRLA takes enforcement actions for facilities, providers and suppliers to come into compliance with the District and Federal law.
- The Intermediate Care Facilities Division certifies ICF for people who participate in the Medicaid program annually (on-site) to ensure compliance is maintained with the health, safety, sanitation, life safety code and habilitiative of District and federal requirements.

Statement of Deficiencies Report



- Statement of Deficiency reports for federal certification and DISABILITY SE licensure requires corrective action as a result of the survey which includes the provider addressing the following:
 - What corrective actions will be accomplished to address the deficient practice?
 - <u>How</u> will you identify other people having the potential to be affected by the same practice and what action will be taken?
 - What measures put in place or what systemic changes to ensure that the deficient practice does not recur?
 - <u>How</u> will the correction action(s) be monitored to ensure the practice will not recur?

Note: Failure to submit an acceptable plan to DC Health/HRLA within an acceptable time frame, may result in the loss of Medicaid reimbursement.

Data Source



QRU is responsible for collecting, tracking, and inputting issues into MCIS within 5 days of receipt of the SOD.

QRU also conducts an analysis of the data from **DC Health/HRLA**.

Total # of Deficiencies by Provider, FY19, Q1



October / Provider	# Deficiencies	November	# Deficiencies	December	# Deficiencies
Behavior Research Associates	7	DC Health Care, Inc.	2	DC Health Care, Inc.	2
Community Multi-Services	9	Innovative Life Solutions	7	Metro Homes	4
Community Multi-Services	8	Metro Homes	2	Metro Homes	3
DC Health Care, Inc.	4	Metro Homes	7	Metro Homes	4
Innovative Life Solutions	6	Multi-Therapeutic Services	7		
Innovative Life Solutions	8	Multi-Therapeutic Services	2		
Marjul Homes, Inc.	6	National Children's Center	2		
Marjul Homes, Inc.	2	RCM of Washington	2		
Multi-Therapeutic Services, Inc.	9	Symbral Foundation	6		
Multi-Therapeutic Services, Inc.	3	Volunteers of America	12		
Ward & Ward	3	Volunteers of America	7		
Wholistic Habilitative Services	1	Wholistic Habilitative	4		
		Services			
Total Deficiencies:	66		60		13

Examples of Deficiencies



Policies / Procedures for Medical Documentation

E.g., failed to develop policies and procedures that address a system that protects the confidentiality
of a client

Habilitation and Training

E.g., failed to incorporate the use of drugs to reduce non-compliance during medical appointments

Drug Administration

E.g., failed to ensure all prescribed medications

Program Implementation

E.g., failed to provide continuous active treatment

Evacuation Drills

 E.g., failed to ensure evacuation drills were conducted at least quarterly on the weekend for each shift of personnel

Drug Storage and Recordkeeping

E.g., TME failed ensure medications were maintained under proper conditions of security

Fire Safety

Failed to ensure simulated fire drills were conducted to test the effectiveness of the plan 4x year

Space and Equipment

• E.g., failed to ensure the seat cushion of the shower chair recommended by the physical therapist was used

Client Bathrooms

 E.g., facility failed to ensure that the water temperature did not exceed 110 degrees Fahrenheit in the bathroom

DDS Collaboration



- DDS shares Serious Reportable Incident data with DC Health daily for an ICF and/or Res Hab to ensure notification occurred.
- Bi-weekly phone calls are held with DC Health/HRLA and DC Healthcare Finance to discuss concerns with providers, status of licensure; and any other important topics for oversight and improvement.



Next Steps

- Continue working with DC/Health and DC Healthcare Finance to increase oversight; discuss regulations; provide training and discussion of providers as to areas of concerns.
- Identifying additional data points as to the highest number of deficiencies for further analysis and systemic improvements for repeat deficiencies to monitor more closely.



What would like to see in our next quarterly report?

Contact us with any concerns



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