

GA QI MINUTES

First quarter, Jan - March 2013

2. Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered, including:

Non-Reportable Incidents

- a. Issues are identified
 - a. Of fifty nine individuals funded by DBHDD in the first quarter, three files were reviewed on March 25, 2013. All files were present and well organized but did have some information needed. E.L.'s file did not have the reason for his absence on March 1, 2013, Fourth Quarterly Review did not include December, 2012 and First Quarterly Review for January, 2013 through March, 2013 was not in the file. All of these issues have been corrected. C.Z.'s file did not have a response to activities in Daily Notes and the fourth Quarterly Review for October, 2012 through December, 2012 was missing. These are being corrected. T.D.'s file was missing a photo. The Daily Notes on April 5, 2013 stated he was terminated but he was only moved to another work program. The fourth Quarterly Report should include December. These are also being corrected. There were two admissions in the first quarter. Two Individuals were terminated during the first quarter – one due to death and one moved out of the area.
 - b. Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, and Injuries.
 - c. Six individuals had non-reportable incidents during the first quarter: January, 2013 through March, 2013
 - d. One Individual (5734) had more than 5 non-reportable incidents in a month during the first quarter. This was five seizures in March, 2013.
- b. Solutions are implemented
 - a. The family of Individual (5734) were notified of the seizures.
- c. New or additional issues are identified and managed on an ongoing basis
 - a. The QI minutes reflects the first quarter reporting for the review of DBHDD individuals and their services. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.
- d. Internal structures minimize risks for individuals and staff
 - a. On-going staff training and focus groups are provided on reporting incidents and protection from harm.

- b. Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
- c. Day Program staff track incidents monthly and summarize all significant occurrences quarterly.
- e. Processes used for assessing and improving organizational quality are identified
 - a. QI Committee meets quarterly to review all incidents and make recommendations.
 - b. More than 5 incidents each month for any quarter results in follow-up review and documentation. No follow up meeting will be required for Individual (5734) but if incidents begin to increase a COS meeting will be called.

Reportable Incidents

a. Issues are identified

- a. There was no Reportable Incident in the first quarter.

b. Solutions are implemented

- a. None required - no reportable incident.

c. There were no new or additional issues identified

d. Internal structures minimize risks for Individuals and staff

- a. None required - no reportable incident.

e. Processes used for assessing and improving organizational quality are identified

- a. The Incident Management Committee is used to review all incidents and to ensure there is no further action to be taken for the incident. None were determined to be needed in this quarter.

Accidents

There were three non reportable accidents to report for the first quarter of January, 2013 through March, 2013. Individual (1167) had one fall and Individual (3126) had two falls.

Complaints

There were no complaints to report for the first quarter of January, 2013 through March, 2013.

Grievances

There were no grievances to report for the first quarter of January, 2013 through March, 2013

Individual Rights Violations

There was no restrictive interventions utilized in the first quarter that were reviewed by the Human Rights Committee. There is a pending admission (KH) that will require a Human Rights Approval for a Gait Belt. During the first quarter this Individual (KH - 3818) did not attend due to having surgery so Human rights Approval has not been requested.

Practices that limit freedom of choice or movement

- a. Issues are identified
 - a. One Individual (5734) continues to be identified as having two risks - one is for his safety in falling while ambulating and his safety when having seizures and the risk of his falling out of his chair.
- b. Solutions are implemented
 - a. The Human Rights Committee approved the request in the second quarter, June, 2012, for a gait belt to be worn while ambulating and a lap belt around his chair while he is sitting. The committee approved this request for one year. These two limits to the freedom of his movement will be presented to the Committee again in June, 2013.
- c. New or additional issues are identified and managed on an ongoing basis.
 - a. For the first quarter of January, 2013 through March, 2013 the Individual (5734) has had eleven seizures with no reports of him falling from his chair and he has had no falls while having a seizure or ambulating. There are no other issues that have occurred with the gait belt or lap belt.
- d. Processes used for assessing and improving organizational quality are identified
 - a. The Human Rights Committee monitors the restriction of freedom of movement. The decision of continued approval for the gait belt and lap belt will be based on the information documented in the daily notes and tracking forms.

Medication Management

Medication Administration Records were reviewed by the RN Nurse and no medication variances were found for the first quarter of January, 2013 through March, 2013.

Infection Control

There were no Infection Control issues for the first quarter of January, 2013 through March, 2013.

One Individual (#8383) has a sore on his leg that is not healing due to him not allowing a bandage to be placed on the wound therefore he can not wear clothing on this leg. He is presently at home and is being monitored by a Home Health Care Agency. There presently is no infection in the leg.

Behavior Support Plan Tracking and Monitoring

No Individual Served had a Behavior Support Plan for the first quarter January 2013 through March, 2013.

The Georgia Surveyors suggested that the Team of one Individual (#7288) meet to determine if a Behavior Support Plan would be needed. During the third quarter, data was collected and reviewed. Another COS meeting was held on September, 27, 2012 (see attached). The COS determined that an assessment by the Behavior Analyst was needed. This referral is being made. The assessment was not completed on the Individual (7288) due to the Individual being absent the entire fourth quarter. Individual (7288) has been taken off her medication in January, 2013. She presently is not exhibiting any behaviors that would require a BSP. The COS is presently not pursuing an assessment or BSP.

Breaches of Confidentiality

There were no known breaches of confidentiality for the first quarter of January, 2013 through March, 2013.

Health and Human Rights of persons with Developmental Disabilities

- a. Issues are identified
 - a. The individual (#1183) requiring follow up through the Indicators of Performance process had non-reportable incidents in the first, second and third quarter that included physical aggression toward others. In the first quarter of January, 2013 through March, 2013 there were no incidents of physical aggression that needed follow up.
 - b. Individual (656) experienced bowel problems during the fourth quarter. He was hospitalized in November, 2012 for a blockage and as of December 7, 2012 is on a doctor's ordered special liquid diet. During the first quarter (656) continues on the special diet and is doing well.
 - c. Physical aggression toward others did not infringe on the Human Rights of this person's peers.
- b. Solutions are implemented
 - a. The individual's (#1183) Circle of Support met on September 27, 2012 and minutes indicate that staffing is now in place to offer individual (#1183) more 1:1 time with staff.

Incidences have significantly decreased since May, 2012. There were nine incidences of physical aggression with none of five or more in a month. No Behavior Support Plan is recommended. There was no physical aggression in the fourth quarter. There were only two incidents of physical aggression in the first quarter; one in January, 2013 and one in March, 2013. There is not a need for a BSP.

- c. New or additional issues are identified and managed on an ongoing basis
 - a. The QI minutes reflect the first quarter reporting for the review of DBHDD individuals and their services. All issues cited in these minutes are either new or continuation of existing issues. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.
- d. Internal structures minimize risks for individuals and staff
 - a. Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
 - b. Day Program staff track incidents monthly and summarize all significant occurrences quarterly.
- e. Processes used for assessing and improving organizational quality are identified
 - a. QI Committee meets quarterly to review all incidents and make recommendations.
 - b. More than 5 incidents each month for any quarter results in follow-up review and documentation

Indicators of Performance

- a. There was one Individual who had more than five (5) incidents in one month in the first quarter.
 - i. Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.
 - ii. Measurements will be tabulated during the quarterly summaries and by the QI Committee.
 - iii. QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.
 - iv. Issues will be reported on and followed through resolution. Goals and expectations will be documented in QI minutes quarterly.
- b. No additional outcomes are needed.
- c. QI minutes are distributed quarterly by posting them on our website and making them available in writing to anyone that desires they not be in electronic form. This ensures the following has access to this report:

- i. Individuals served or their representatives as indicated
 - ii. Organizational staff
 - iii. Board of Directors
 - iv. Other Stakeholders
- d. Human Rights restriction has been addressed on one individual (#5734) due to the restriction of their freedom of movement.
 - i. Data collection will continue to occur through the daily notes and Monthly Tracking Form
 - ii. Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee
 - iii. Human Rights Committee will evaluate the data and recommend the approval for the gait belt and lap belt for a period of time they deem acceptable not to exceed one year and will the data will be evaluated quarterly by the QI Committee
 - iv. The target goal will be to reduce any risk of falls to the Individuals (#5734 and K.H.) by the use of the gait belts and lap belt. The goal is to always maintain no falls.

The organization's practice of cultural diversity competency is evident

- a. Staff articulate an understanding of the social, cultural, religions and other needs and differences unique to the Individuals.

All staff working with Individuals have completed the cultural diversity training through the College of Direct Support and/or classroom training. This training is documented.

- b. Staff honoring these differences and preferences (such as worship or dietary preferences) in the daily care of the individual

Differences and preferences have been honored as evident by the individual supports being provided as outlined in ISPs.

- c. The inclusion of cultural competency in Quality Improvement Processes

During this first quarter of January, 2013 through March, 2013 there were three activities completed. They included in January Martin Luther King Day and the Presidential Inauguration , in February, President's Day, and in March the celebration of Easter. These activities included the study of Martin Luther King and his message and understanding of we are all different but all

have the same rights, and how to handle conflicts through our differences. This was completed on January 17, 2013. The Individuals were very interested in the Presidential Inauguration and the activities that occur. President's Day used the one and five dollar bill and the Presidents' pictures. Easter was discussed by looking at Good Friday (this was a holiday) and how this day is and is not celebrated. Also for fun, the Individuals had an Easter Egg Hunt on March 20th that was sponsored by Blue Cross Blue Shield.

Each quarter the QI Committee will present an activity that demonstrates cultural diversity to the staff and individuals. This will be a learning opportunity and an appreciation for others.

The organization has an advisory board made up of citizens, local business providers, individuals and family members

- a. Meets at least semi-annually – On January 18, 2013 there was a meeting of the Georgia Advisory Committee. OGC Board Members as well as Georgia Business Leaders were present at this meeting. See minutes of this meeting.
- b. Reviews items such as but not limited to:
 - i) Policies
 - ii) Risk Management Reports
 - iii) Budgetary issues
- c. Provides objective guidance to the organization

The Orange Grove Center Board of Directors is very active, meets monthly as a Board as well as members of the Board meets regularly with Program Committees. The Board of Directors maintains an excellent relationship with the staff and Individuals served.

Additional Quality Improvement in the Fourth Quarter:

- a. Orange Grove Center was approved for wavier of standard and in the first quarter were approved to expand services in Pre-Voc, Special Medical Needs (SMS), and Special Medical Equipment (SME) in Georgia.
- b. The second Georgia Advisory Committee Meeting is scheduled for April 26, 2013.
- c. A Job Fair was held during the first quarter to encourage participation in employment activities. This gave all Individuals an opportunity to view jobs available and to select jobs of interest.

Those present for the first quarterly meeting of 2013 were Tera Roberts, Tammy Hustad, Gina Selby, Cathy Durham and Jenny Foster.

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