

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

- 1) Of 82 individuals funded by the Department of Behavioral Health and Developmental Disabilities in the 4TH quarter, 4 files were reviewed on February 11, 2015. Files (2944), (9337), (5229), and (1668) were present and well organized, but there were corrections that were addressed for the daily notes and quarterly review sections. There were 1 admission and 1 termination (987) in the 4th quarter.
- 2) Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, Injuries and Falls.
- 3) 11 individuals had non-reportable incidents during the 4th quarter: October, 2014 through December, 2014.
- 4) 4 Individuals (1183), (1512), (2685), and (5734) have had more than 5 non-reportable incidents in a month during the 4th quarter.

Individual (1183) had 8 self abuse occurrences in October and 5 in December, also had 9 aggression occurrences in November and 5 in December.

Individual (1512) had 13 self abuse occurrences in October, also had 11 aggression occurrences in October.

Individual (5734) had 8 seizures in December.

Individual (2685) had 9 self abuse occurrences in October, 23 in November and 27 in December, also had 5 aggression occurrences in October, 75 in November and 61 in December. The internal Behavior Support Plan that was implemented on July 2013 for individual (2685) is still ongoing and with his change of environment (classroom) had resulted in decreased behaviors.

B). Solutions are implemented

Individual (2685) self abuse and aggression behaviors have increased due to environmental factors- an addition of a new peer and behavior changes of another peer have led to increased stress. Individual (5734) continues to be monitored for his seizures by his physician. Individual (1183), self abuse and aggression occurrences have slightly decreased. Individual (1512), with a Behavior Support Plan in place, a waiver of standards has been applied for a soft helmet and hand mitts, increased behaviors in October but a dramatic decrease in November and December.

C). New or additional issues are identified and managed on an ongoing basis

The QI minutes reflects the 4th quarter reporting for the review of Department of Behavioral Health and Developmental Disabilities 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

On-going staff training and focus groups are provided on reporting incidents and protection from harm.

Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.

Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

E). Processes used for assessing and improving organizational quality are identified

QI Committee meets quarterly to review all incidents and make recommendations.

More than 5 incidents each month for any quarter results in follow-up review and documentation

Reportable Incidents**1). Issues are identified**

There was 0 Reportable Incident in the 4th quarter.

2). Solutions are implemented

None

3). Any new or additional issues identified

None

4). Internal structures minimize risks for Individuals and staff

None required

5). Processes used for assessing and improving organizational quality are identified

The Incident Management Committee is used to review all reportable incidents and to ensure there is no further action to be taken for the incident.

Accidents

There were 3 non reportable accidents to report for the 4th quarter of October, 2014 through December, 2014. Individual (3876), on 10/7/14, fell when helping load containers onto the truck, staff did not see the fall but saw individual getting up, staff asked and individual said they were ok. Individual fell between the dock and the truck, individual was taken to Parkridge Hospital to check out scrapes on the right inner thigh, no follow up was needed. On 10/8/14, this individual reported to staff while at the pool that bruises on right calf were old bruise as well as a inner upper thigh that was told happened while she was with family at Bi-Lo. Individual (6203), got a paper cut on his left pointer finger while shredding, staff put a band-aid from the first aid kit, nothing else reported. Individual (1668), was upstairs in recycling sweeping the floor on 11/4/14, when it was reported that individual was feeling weak, then slumped to the floor and wet themselves. No injury reported and family was notified.

Complaints

There were no complaints to report for the 4th quarter of October, 2014 through December, 2014.

Grievances

There were no grievances to report for the 4th quarter of October 2014 through December, 2014.

Individual Rights Violations

There were restrictive interventions in the 4th quarter that needed to be reviewed by the Human Rights Committee. Individual (2685) use of a safety vest on the bus, received an extension through Human Rights.

Practices that limit freedom of choice or movement**1) Issues are identified**

There were no issues identified in the 4th quarter for Individual (5734), who wears a lap belt and gait belt. Individual (2685) has arm guards and wears mittens due to self abuse and aggression issues. Individual (1512), a waiver of standard for soft helmet and hand mitts were applied for.

2) Solutions are implemented

Individuals (2685) and (1512) continue to be under supervision of a Behavior Analyst.

3) New or additional issues are identified and managed on an ongoing basis.

There are no other issues that have occurred.

4) Processes used for assessing and improving organizational quality are identified.

The Human Rights Committee monitors the restriction of freedom of movement. The decision of continued approval for the protective devices will be based on the behavior data.

Medication Management

Medication Administration Records were reviewed by the RN Nurse and no medication variances were found for the 4th quarter of October, 2014 through December, 2014.

Infection Control

There were no Infection Control issues for the 4th quarter of October 2014 through December, 2014.

Behavior Support Plan Tracking and Monitoring

2 Individuals served (2685) and (1512) continues to have a Behavior Support Plan in place during the 4th quarter October, 2014 through December, 2014

Breaches of Confidentiality

There were no known breaches of confidentiality for the 4th quarter of October, 2014 through December, 2014.

Health and Human Rights of persons with Developmental Disabilities**1) Issues are identified**

In the 4th quarter of October, 2014 through December, 2014 there were 172 incidents of aggression. Individual (2685), had 141 incidents, the individual continues to have medical issues but it is decreasing. Individual (1183) had 17 incidents. Individual (1512), had 14 incidents in the 4th quarter, Behavior Analysis initiated consent for creation of the Behavior Support Plan.

There were 172 incidents of physical aggression noted in the 4th quarter.

2) Solutions are implemented

Behavior Support Plan that was implemented continues and the environment change continues to be working in the 4th quarter.

A crisis plan continuation.

Baseline data will be collected determining if a circle of support is needed.

3) New or additional issues are identified and managed on an ongoing basis

The QI minutes reflect the 4th quarter reporting for the review of the Department of Behavioral Health and Developmental Disabilities 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.

4) Internal structures minimize risks for individuals and staff

Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.

Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

5) Processes used for assessing and improving organizational quality are identified

QI Committee meets quarterly to review all incidents and make recommendations.

More than 5 incidents each month for any quarter results in follow-up review and documentation

Indicators of Performance**1). There was 4 Individuals, (1183), (1512), (2685), and (5734), who had more than five (5) incidents in one month in the 4th quarter.**

Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.

Measurements will be tabulated during the quarterly summaries and by the QI Committee.

QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.

Issues will be reported on and followed through resolution. Goals and expectations will be documented in QI minutes quarterly.

2). No additional outcomes are needed.

3). 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:

Individuals served or their representatives as indicated

Organizational staff

Board of Directors

Other Stakeholders

4). Human Rights restriction continues to be addressed on 2 individual, (5734) and (2685), due to the restrictions of their freedom of movement.

Data collection will continue to occur through the daily notes and monthly tracking form

Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee

Human Rights Committee continues with the approval for the gait belt and lap belt for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee

Human Rights Committee continues with the approval for the protective devices, a safety vest, for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee.

The target goal will be to reduce the act of self abuse and physical aggression for (2685) by the use of protective devices and the behavior support plan.

The organization's practice of cultural diversity competency is evident

- a. Staff articulates an understanding of the social, cultural, religions, 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 4th quarter of October, 2014 through December, 2014 there were several activities including: OGC Chorus performances at the Courthouse downtown and the Chamber of Commerce in Fort Oglethorpe, GA, Bowling, Basketball and Swimming Tournaments, Hope for the Holiday, All dolled up, Fall Festival, Yard Sale, Opening of the Arcade room, Thanksgiving lunch and holidays off, Pumpkin Hayride, Halloween Party, Apple Festival/Hayride, 12 Days of Christmas, Christmas parties in individual classes in ACT, Santa Came and then holidays off.

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 – Planned to attend in April, 2015.

Review of items such as but not limited to:

- i) Policies
- ii) Risk Management Reports
- iii) Budgetary issues

b. Provides objective guidance to the organization

The Orange Grove Center Board of Directors is very active and 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:

Several individuals participated in Special Olympics bowling practices and tournaments. Management staff attended lean management training to help support our individuals in work environments. Georgia Coordinator and the Georgia Job Developer went to several supported employment meetings (Family Cafe-Shine). Individual (2288) continues volunteering for the Chattanooga Area Food Bank. We continue researching laundry services to be started soon for the Georgia office. Adult Services Director, Georgia Job Developer and the Assistant Director of Community Services attended Supported Employment Meetings. Two individuals (2355) and (2354) are laundering the towels for Angelinas Salon, Individual (1789) works at the Ringgold Wedding Chapel, Contracted with the City of Ringgold to pickup all electronic equipment and recyclables, Negotiating prospective Armguard job from Roper (we are in the process of preparing the facility), Georgia Direct Support Professionals and the Support Program Manager attended a Medication Administration Class off campus and received a Certificate. Continuing Recycling Express pickups at several businesses, Other job placements through the Vocational

Rehabilitation obtained through a Georgia Job Developer includes Hamricks, Hampton Inn, Heritage High School Cafeteria and Head Start-individual works with kids.

Those present for the Fourth Quarterly meeting of 2014 were Tera Roberts, Cathy Durham, Darcy Owens, John Tompkins, Jasmine Seals, and Shannon Witt.