

DOJ Stakeholder Group
January 7, 2013

Quality Management Project Team
Updates

Project Team Updates

- Quality Improvement/Data Analysis
 - Implement settlement agreement sections V.D. and V.E. requiring DBHDS to collect and analyze reliable data about individuals receiving services under the agreement and to assess and improve service quality.
 - Data will be collected from a wide variety of sources including the incident reporting system, provider QI plans, case managers, quality service reviews, the crisis system, employment first, training center discharges, service plans, etc.

- Data Analysis areas:
 - Safety and freedom from harm
 - Physical, behavioral health and well-being
 - Avoiding crises
 - Stability
 - Choice and self-determination
 - Community inclusion
 - Access to services
 - Provider capacity

Project Team Updates:

- Project Team 8: Data Analysis
 - Reviewed DOJ Settlement Agreement and Implementation Plan
 - Identified 3/6/13 start dates for specific tasks
 - Discussed clearinghouse role for team and reviewed responsibilities for monitoring and integrating activities from other project teams responsible for developing outcome measures and collecting data
 - Next tasks include review of work plans of related project teams, updates from project teams

- **Case Management**
 - The Settlement Agreement requires case managers to meet face to face with every individual receiving case management services under the agreement on a “regular” basis, and face to face every 30 days with individuals who
 - Receive services from a provider with a conditional or provisional license, have more intensive behavioral or medical needs, encounter the crisis system, have transitioned from a training center within the previous 12 months, or reside in a congregate setting of 5 or more

- Project Team 9: Case Management
 - Team lead vacancy to be filled with Case Management Coordinator
 - Case management workgroup completed Case Management Operational Guidelines
 - Notification sent to CSB Executive Directors
 - Draft of necessary revisions to Core Services Taxonomy and CCS 3 circulated internally in order to begin process of new data collection requirements for case management on number, frequency and type of case management visits

- Case Management cont.
 - Working with DMAS to reach DD case managers to collect the number, type and frequency data required under the Agreement
 - Next Tasks:
 - Revisions will go to the VACSB Data Management Committee late January to finalize
 - CSB's to make necessary business process changes to begin collection and reporting of required data on case management visits in March for submission to DBHDS in April.

- **Project Team 10: Case Management Training Modules**
 - Over 3500 have now completed the basic case management modules 1-6
 - Team is currently working on the development of Module 7 on Accountability which emphasizes the development of required skills related to quality assurance, risk management and oversight.
 - Module 7 is on target to be completed by mid-February

- **Provider Risk Management**
 - Work with training centers, CSB's, and other community providers of residential and day services to implement new risk management processes, including the establishment of uniform risk triggers and thresholds
 - Finalize definition of measures that are required to be reported to DBHDS on a regular basis and ensure that reliable risk management data is routinely being collected.

- Project 11: Provider Risk Management
 - Team reviewed Project Plan goals and expectations
 - Reviewed Departmental Instructions on Reporting and Reviewing Unexpected Deaths, Reporting and Investigating Abuse and Neglect, Training Center Quality/Risk Program Standards
 - Discussed consideration of web-based training for risk and abuse/neglect investigations
 - Discussed the need to develop risk triggers and thresholds

- Provider Risk Management cont.
 - Determined the process for review of data on triggers and thresholds will occur through the regional quality councils once established
 - Agreed to develop a single process for conducting root cause analysis that will be applicable to all providers
 - Next Tasks:
 - Review Draft of risk triggers and thresholds
 - Research and review various risk management plans, agency medication error policy

- Incident Reporting:
 - Enhance or replace the Consolidated Human Rights Information System (CHRIS) to implement a real-time, web-based incident reporting system and reporting protocol to monitor/investigate serious incidents and deaths
 - Ensure that reliable incident and death data is routinely being collected

- Project 12: Risk Management/Critical Incidents
 - CHRIS Incident Reporting system in test phase
 - Training modules being developed
 - Training to begin with CSB's this month
 - Training to begin with private providers in February, 2013
 - Target to begin incident reporting from community in CHRIS remains on target for March, 2013

- Mortality Review
 - Establish to review unexplained or unexpected deaths reported through the incident reporting system.
 - Collect and analyze mortality data to identify trends and patterns and develop recommendations for reducing mortality rates to the fullest extent possible

- **Project 13: Mortality Review Committee**
 - Project Team first met in November, 2012
 - Initial meeting to review processes and need to develop protocol for review of unexpected deaths
 - Committee looked at the development of educational materials for providers to focus on prevention efforts from the desk of the DBHDS Medical Director
 - Identified topics related to choking, aspiration pneumonia and constipation as educational material

- Mortality Review cont.
 - Meeting schedule developed for monthly meetings
 - Initial review of first mortality conducted. Additional records requested

- Licensing:
 - Conduct more frequent licensure inspections of community providers serving individuals who are included in high-risk categories including:
 - Those receiving services from providers with conditional or provisional licenses
 - Have more intensive behavioral and/or medical needs
 - Encounter the crisis system
 - Have transitioned from a training center
 - Reside in congregate setting of 5 or more

- Project Team 14: Licensing
 - Team began meeting in early December
 - Initial discussion of protocol related to more frequent licensure inspections of providers based upon high risk factors outlined in the Settlement Agreement
 - Initial discussion around high risk visit protocol and the need to establish a visit structure for basic, high risk and the process for prioritizing high risk categories

- Licensing cont.
 - Process underway to determine the volume of individuals who will meet at least one of the high risk categories
 - Next tasks:
 - Obtain SIS scores to determine the number of high risk individuals
 - Review the IDOLS system to determine the best way to establish residence for individuals on waivers
 - Develop recommendations for prioritization

- Licensing cont.
 - Develop list of measures providers required to report to Licensing
 - Develop measurement for determining adequacy of individualized supports
 - Determine the best use of resources
 - Develop high risk visit protocols

- **Quality Service Reviews**
 - Implement Quality Service Reviews to evaluate the quality of services at the individual, provider, and state-wide level for a statistically significant sample of individuals receiving services under the agreement
 - Face to face interviews with individuals, staff, and others involved in an individual's life on an annual basis

- **Project Team 15: Quality Service Reviews**
 - Team review of Settlement Agreement, discussion of purpose, focus areas completed
 - Project assumptions and milestones reviewed
 - QSR meeting schedule established for the remainder of 2013
 - Began to review National Core Indicators Survey (NCI)
 - Identified team charge of advising DBHDS on survey instrument content, administration and use of survey results to improve practice and quality

- Quality Service Reviews cont.
 - Next tasks include determination of population to be served under the agreement, determination of sample size
 - Request participation of DMAS representative in order to coordinate QSR efforts for DD population
 - Schedule presentation on NCI to determine applicability for use in QSR process to avoid duplication

DBHDS

Virginia Department of
**Behavioral Health and
Developmental Services**