

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

DOJ Stakeholders Group
Quality Management Project Team
Updates
April 17, 2013

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 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
 - Clearinghouse role for team, serving a coordinating function with all other teams with data collection and analysis requirements
 - Team will be monitoring the reporting of number, type and frequency of case management visits that CSB's began reporting in CCS 3/1/13
 - Team met with all Project Teams having data collection and reporting requirements to begin to track the level of coordination needed across teams and to assure timeframes are met.

- Team 8 cont.
- Will begin working with Case Management Project Team to coordinate efforts regarding the additional data to be collected by case managers by 3/14.
- Project lead met with Discharge Planning Team lead to obtain information about the CoCentrix Careboard discharge tracking system, providing the CCS 3 data dictionary to data element definitions can be as consistent as possible

- 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

- To begin working with DMAS to reach DD case managers to collect the number, type and frequency data required under the Agreement
- Met with CRC's to review current case management support across the state
- Reconvened Case Management Project Team
- Began visits to CSB's to meet with Case Management Supervisors to collect baseline data and to discuss the implementation of new requirements of DOJ

- Case Management cont
 - Next Tasks:
 - Team will work with Licensure on ISP execution and RQC's once established to address QI needs

- **Project Team 10: Case Management Training Modules**
 - Over 3600 have now completed the basic case management modules
 - Module 7 on Accountability completed and posted on the LMS 2/15/13. Module emphasizes the development of required skills related to quality assurance, risk management and oversight.
 - Over 2650 have completed Module 7 as of 4/11/13

- **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
 - Reviewed Departmental Instructions on Reporting and Reviewing Unexpected Deaths, Reporting and Investigating Abuse and Neglect, Training Center Quality/Risk Program Standards
 - Discussed planning of web-based training for risk and abuse/neglect investigations
 - Developed risk triggers and thresholds for facility, CSB, and private providers and determined the process for review of data on triggers and thresholds will occur through the RQC's

- Developing single process for conducting root cause analysis that will be applicable to all providers
- Coordinating training on triggers and thresholds into training on proactively identifying risk of harm, conducting root cause analysis, and developing and monitoring corrective action
- Looking at a uniform investigations process and the development of a template to use for internal investigations and incorporating into existing training provided by DBHDS

- 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 completing test phase
 - Training modules developed
 - Training with CSB's and other Phase 1 providers completed 3/13
 - Began incident reporting from community in CHRIS March 27, 2013
 - Have had some issues with e-mail notifications that are being worked out
 - Phase 2 providers training to begin 4/13

- **Mortality Review**
 - Established 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 meets monthly
 - Developed 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
 - Informational topics related to choking, aspiration pneumonia and constipation posted on DBHDS website under Safety Alerts

- Mortality Review cont.
 - Discussed psychotropic medications as a risk factor and will consider as next informational alert
 - Reviewed tracking form for mortality reviews, to ensure reviews are conducted within established timeframes
 - Finalized protocols for reviewing deaths
 - Reviewed mortality data February 2012-February 2013 and noted a seasonal trend in number of deaths. Will prepare alert for potential risk factors.

- **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
 - Enhanced visit protocol was developed and implemented 3/1/13
 - Visit protocol was coordinated with Human Rights and CRC's and Post Move monitors

- Licensing cont.
 - Next steps:
 - Monitor implementation of ISP's to ensure timely referrals to medical professionals, day services etc. and to ensure all individuals are receiving supports identified in ISP
 - Ensure all providers and staff provide sufficient habilitation to teach individual skills and competencies that increase self-sufficiency and independence
 - Add to existing monitoring process that staff demonstrate competencies needed

- **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 Review**
 - Finalizing Virginia specific questions to be added to NCI Survey to be used for QSR process
 - Sample size identified as between 800-1000 to be spread across all 40 CSB's
 - Working with Data Management Committee to determine if background info items could be accessed from CSB EHR's

- Quality Service Reviews cont.
 - Met with DMAS Long Term Care Division staff to discuss QSR requirements for DD population and agreed these populations will be included in DBHDS QSR Scope of Work
 - Added participation of DMAS representative in order to coordinate QSR efforts for DD population

- QSR's cont.
 - Met with CSB ID Directors/case manager reps to discuss survey implementation issues
 - Requested DMAS counts of individuals receiving services under DOJ Settlement Agreement by locality
 - Requested submission of Partnership QSR Project Scope of Work Requirements