

COMMUNITY DEVELOPMENT TEAM MEETING

Final Meeting, October 26, 2006

Agnews Developmental Center

QUALITY SERVICES REVIEW PRESENTATION

Eric Zigman, Barb Devries, Scott Friend

- 1. The Quality Management System Update**
- 2. From the “Service and Support Performance Review” (SSPR) to the “Quality Service Review” (QSR)**
- 3. Flow Chart of the QSR System**
- 4. QSR Activities Matrix**
- 5. QSR Tools**
- 6. Integrated Information System Update**
- 7. Next Steps**
- 8. Questions**

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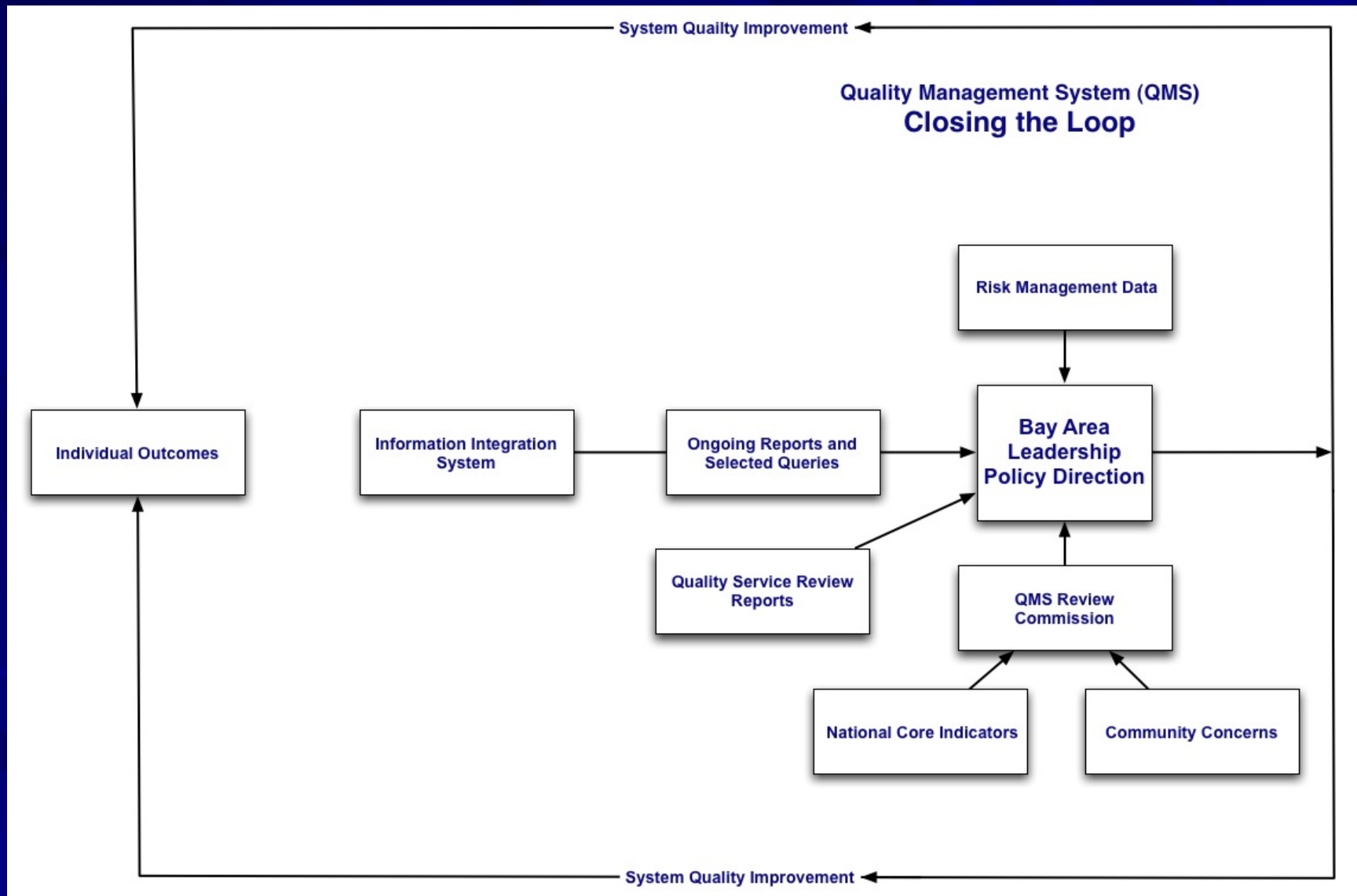
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1. Quality Management System Update

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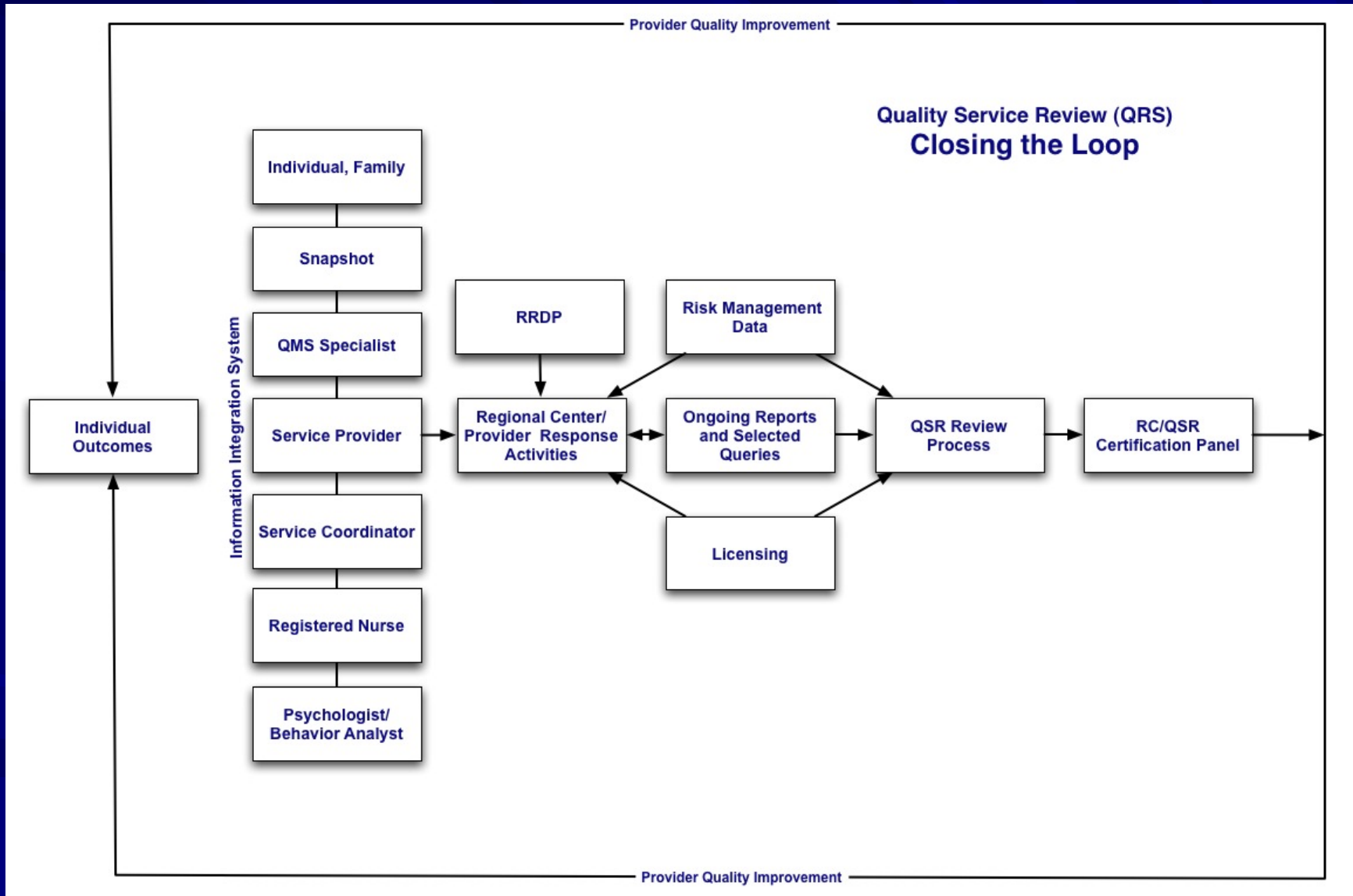
2. From the “Services and Support Performance Review (SSPR) to the Quality Services Review (QSR).

**Comparison of Former and Revised Plan for
The Quality Management System**

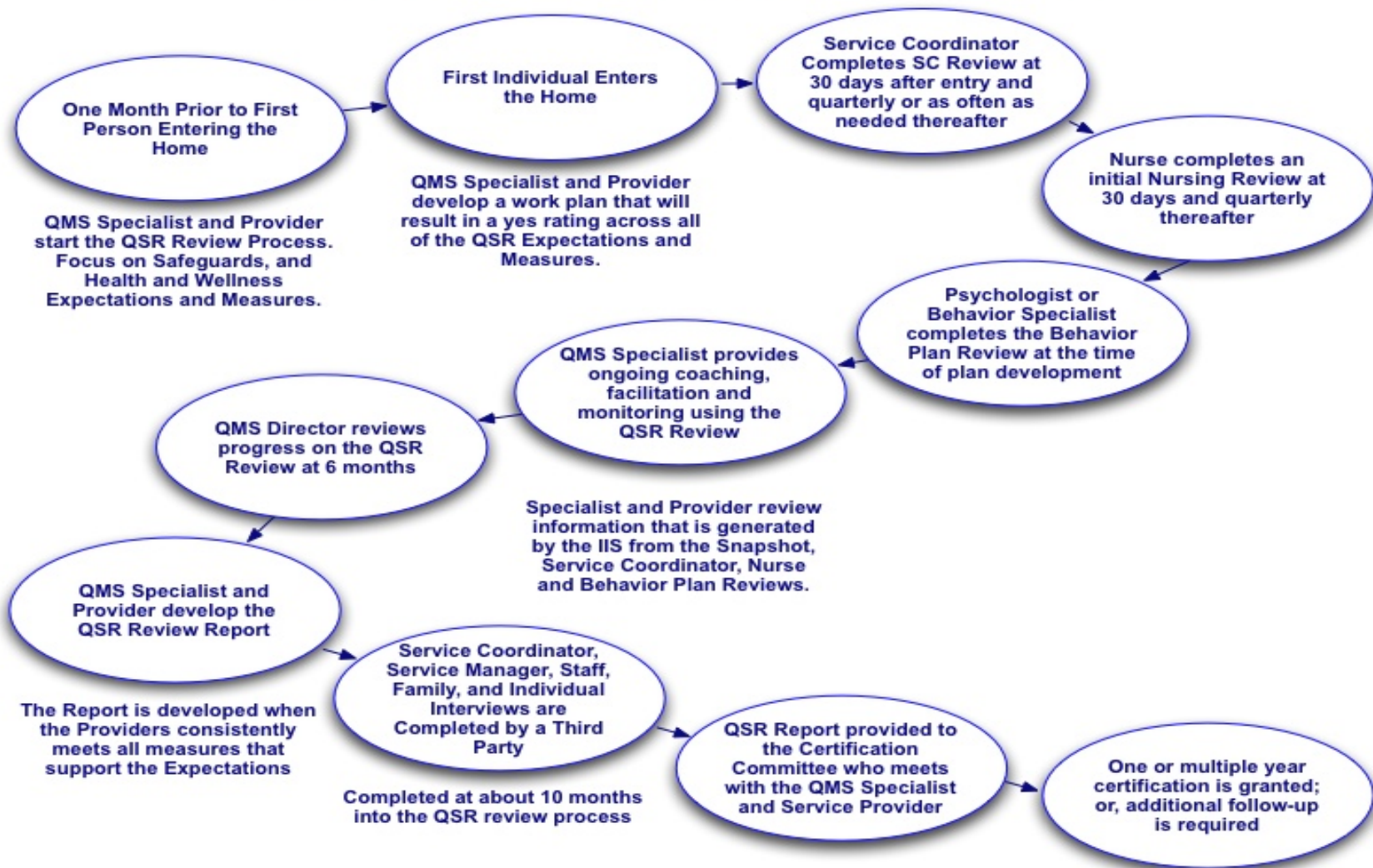
Service and Supports Performance Review	Quality Service Review
Event based review; culmination of the review process is a site visit by review team.	Ongoing review, partnership with provider, mentoring etc. regarding quality assessment and improvement; information is collected from many sources and is continuously reviewed.
Review team collects information that the quality management team (service coordinator, nurse) has already generated.	Uses information from the quality management team as a base for the review- along with other information from a variety of sources and interviews.
Includes the provider as an interviewee.	Includes the provider as a collaborative partner with the QMS Specialist in completing the review and presenting the results.
Team determines certification.	Regional Center Certification Panel (representing regional center staff and a range of stakeholders) determines certification.

Service Planning and Delivery Outcome: <i>Individuals needs are met and preferences honored.</i>		Indicators		
		DOC	INT	QSR Reports^[1]
		Provider Expectation	Measure	
1. Supports the Individualized Program Plan (IPP) process.	1a. The service provider has participated in the IPP process.	IPP IRC2		QMS
	1b. The service provider has assisted the individual and, as appropriate, the family in preparing for and attending the IPP meeting.	IPP PPR	IQ17 RQ7 FQ1	QMS
2. Develops and implements an Individualized Support Plan (ISP) that fully addresses the IPP and reflects individual strengths, needs and preferences.	2a. Services and supports identified in the ISP address and expand upon goals in the IPP that are the responsibility of the service provider.	IPP ISP IRC3		QMS SC22
	2b. Staff are able to describe or demonstrate how plans are implemented for each individual.		SQ6	QMS
	2c. Individuals receive all services and supports as described in the ISP.	DQ5		QMS SC1 SC20 SC21
3. Determines the effectiveness of the ISP.	3a. Staff collect information to measure individual progress.	PPR	MQ1	QMS SC26
	3b. Staff review information collected and make changes to the ISP.		MQ1	QMS SC26
	3c. Quarterly reports, progress reports and other reports documenting progress on the IPP are submitted to the regional center.			QMS SC25
	3d. Individuals achieve their goals. OR ^[2]		SQ7 MQ11	QMS SC20 SC21
4. Responds to the changing needs and preferences of individuals.	4a. The regional center is notified immediately when there are significant changes in the needs or preferences of the individual.		RQ1a MQ2 SCI	QMS
	4b. Changes in the ISP are consistent with changes to the IPP.	ISP	SCI	QMS
5. Communicates with each individual.	5a. Staff understand and communicate with the individual in his/her primary language.		SQ3 FQ11	Snapshot15 Snapshot17 SC10 QMS
	5b. Staff use augmentative and/or alternative communication system.		SQ4	QMS SC10
	5c. All augmentative and/or alternative communication systems are maintained in working order.		SQ4	QMS

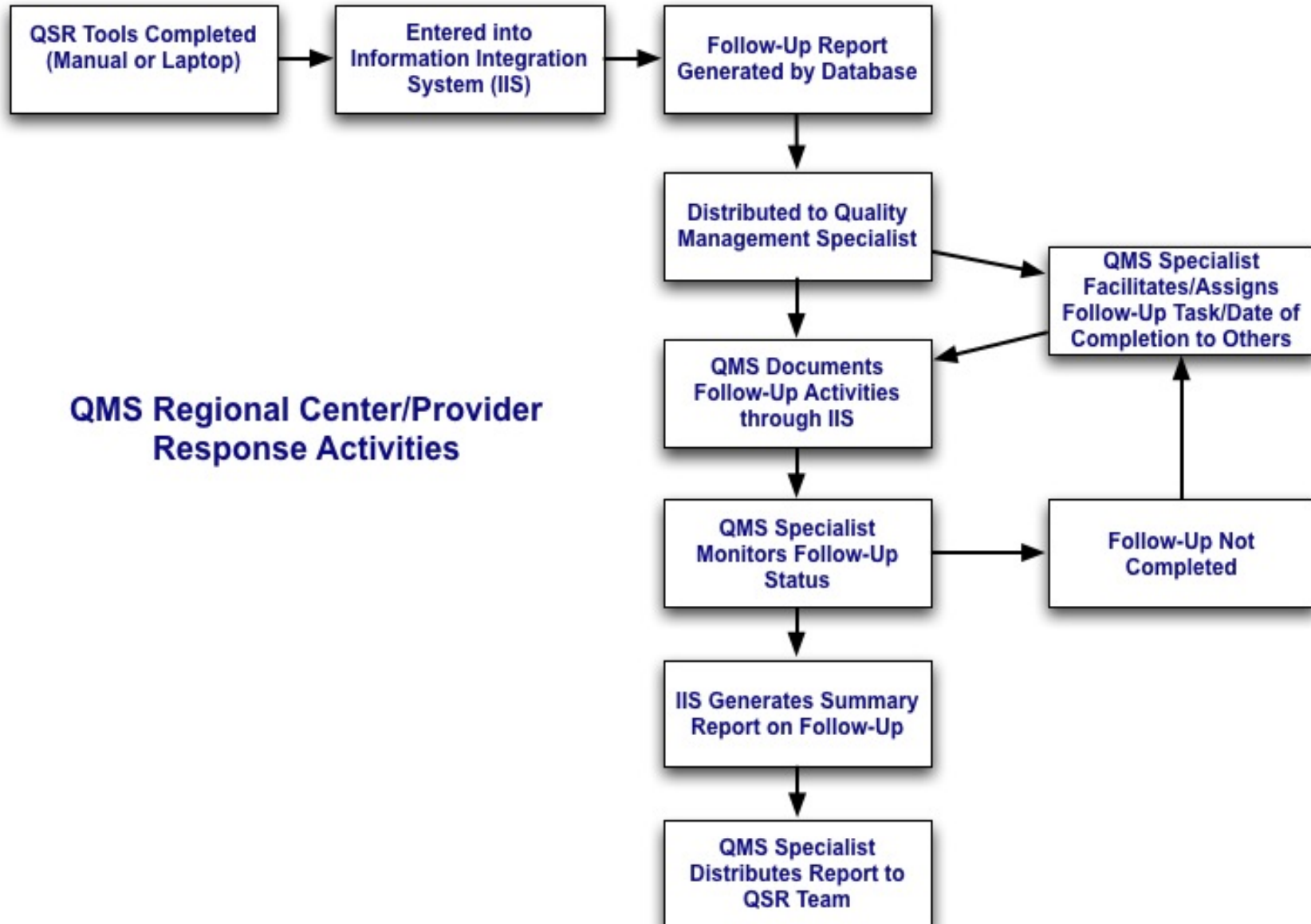
3. Flow Chart of QSR System



Overview of the QSR Review and Certification Process



**QMS Regional Center/Provider
Response Activities**



4. QSR Activities Matrix

Table 1. Quality Services Review Activities for Individuals Who have Transitioned from Agnews to the Community.

Month	Service Coordinator	Regional Project – Bay Area	Registered Nurse	Registered Nurse SB962 Home	Psychologist/ Behavior Analyst	Quality Management Specialist ^[2]	National Core Indicator Survey
1		1 st and 4 th week			Participate in IPP Meeting 4 th week for those with behavior plans	Facilitates follow-up and ongoing technical support to provider	Annually
2							
3							
4	Quarterly ISP Review		Quarterly ISP/IHP Review	Quarterly ISP/IHP Review			
5							
6							
7	Quarterly ISP Review		Quarterly ISP/IHP Review	Quarterly ISP/IHP Review			
8							
9							
10	Quarterly ISP Review		Quarterly ISP/IHP Review	Quarterly ISP/IHP Review			
11							
12							
Ongoing	Quarterly		Quarterly	Monthly	Per IPP (at least annually)	Quarterly or as needed	Annually

Activity	Frequency	Notes
DDS (RN)	Bi-Annually	Registered Nurse visits SB962 Homes twice per year
DSS (CCL)	Annually	Three months after licensure and annually thereafter
LQA	1-3 yrs	As per Area Board
Annual Monitoring of Persons who Moved from State Developmental Centers into the Community	Annually	Required by statute.

[1] If more than one Service Coordinator serves individuals in the home, they will coordinate their visits.

[2] Some regional centers may use the Resource Developer for this function.

[3] Planning acronyms include IPP (Individual Program Plan), ISP (Individual Service Plan), and IHP (Individual Health Plan).

5. QSR Tools: Snapshot



A Snapshot of Your Visit

My name is (please print).....
(name optional unless follow-up is requested)

I visited (please print).....

on at am pm
date time

at
(place name or address)

The person I visited is

	Yes	No	Don't Know
1.happy (37a).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.healthy (22g).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.safe (14a,19a).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.busy, active 9c, 12a-b).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.following his/her schedule (6b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The home is

7.pleasant (19c).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.comfortable (19c).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.family-friendly, welcoming (19b.c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.in good repair (19c).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.clean and neat (19c).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.food looks healthy and appetizing (24b).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.well staffed (31a).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff are

15.good listeners (5a).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.friendly (9a-b).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.helpful and responsive (5a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.sensitive to each person's needs (37b).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.competent (30d).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What's working well?

Looking at your 'No's,' what most needs attention?

Are there other things that need attention?

If you would like someone to contact you about follow-up on things that need attention, please give us your phone number (____)_____ or e-mail address _____.

5. QSR Tools: Nurses Review

Information provided from Information Integration System

Individual's Name: _____ DOB: _____ UCI#: _____
 Service Provider: (name of home or program): _____ Street address: _____ City, ZIP: _____
 Date individual entered this home/service (mm/dd/yy): ____ / ____ / ____

Visit Announced or Unannounced
 Monthly (SB 962) Quarterly Other (reason): _____ Date of Report (mm/dd/yy): ____ / ____ / ____
 Nurse (name): _____

Print

Signature

SB 962 Homes Only (22a,c) The Individual Health Care Planning (IHCP) Team includes the following at a minimum: Service Coordinator, Individual, where appropriate Parents/Legal Guardian/Authorized Representative, Physician, Administrator, Registered Nurse.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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The IHCP is implemented.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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The IHCP Team meets every 6 months.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Changes in health status are reviewed by the health care team and revised as needed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

The Primary Care Physician examines this individual every 60 days.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If no to any of the above, recommended follow-up? *Follow-Up by:* SC QMS Nurse Other

Health and Wellness

1. The individual receives prompt and appropriate, routine and specialized medical services as documented in the health care plan or as recommended by the primary care physician. (20b) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Follow-Up by:</i> <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
--	--

2. The individual receives preventive health care specific to the individual's age, gender, and diagnosis. (20c) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Follow-Up by:</i> <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
--	--

3. Medical assessments (e.g. lab work, annual physical, planned hospitalizations, nursing assessments, etc.) and services are completed and appropriately documented. (20b) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Follow-Up by:</i> <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
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4. The individual receive dental care and oral care as identified in the oral health care plan or IPP. (21b,c) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Follow-Up by:</i> <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
--	--

5. If the individual has a health care plan, staff can describe how to implement the plan. (22b,d) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <i>Follow-Up by:</i> <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
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5. QSR Tools: Nurses Review

9. All prescribed medications appear to have the desired effect. (22g) If no, recommended follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Follow-Up by: <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other
<i>Medication</i>	
10. Information is readily available to staff on the individual's prescribed medications and staff know how and when to use the information. (16a)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11. The individual's medication administration records are complete and accurate. (22e)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12. All medications are clearly labeled, locked and appropriately stored. (16c)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13. Medication errors are appropriately resolved. (16d)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14. Staff demonstrate and describe proper medication management procedures. (16e)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
15.. When in the IPP, individuals are supported to self-administer medications in a safe manner. (16f)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If no to any of the above, recommended follow-up? Follow-Up by: <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other	
<i>Safeguards</i>	
16. Health-related, risk prevention and mitigation plans meet the individual's needs and are documented. (15a)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17. Strategies identified in the plan are implemented and are successful. (22e)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18. Staff can identify individual signs and symptoms of illness and injury. (23a) (Note: consider verbal and non-verbal clues)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19. Staff can describe what they would do in a medical emergency. (23a)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20. Specialized health-related equipment is accessible, clean, and in good working order (e.g., a wheelchair is the appropriate size for the individual). (14b)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If no to any of the above, recommended follow-up? Follow-Up by: <input type="checkbox"/> Nurse <input type="checkbox"/> SC <input type="checkbox"/> QMS <input type="checkbox"/> Other	
Nursing Assessment Notes (Attach Additional Notes):	

6. Integrated Information System

A Snapshot of Your Visit

My Name is Barb
I Visited Scott on 6/5/2006

at Happy Home

Scott is

Happy . . .	Yes
Healthy . . .	Yes
Safe . . .	No
Busy/Active . .	Yes
Following his/her schedule . . .	Yes
Other . . .	Yes

Comments on Condition of Person.

The Home is . . .

Pleasant . . .	Yes
Comfortable . . .	Yes

Family-Friendly, Welcoming . . .	Yes
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In good repair . . .	No
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Clean and neat . . .	Yes
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Food looks healthy and appetizing . .	No
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Well-staffed . . .	Yes
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Other . . .	Yes
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Comments on Home . . .

Staff are . . .

Good listeners . . .	Yes
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Friendly . . .	Yes
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Helpful and responsive . . .	Yes
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Sensitive to each person's needs	Yes
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Competent . . .	Yes
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Other . . .	Don't Know
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Comments on Staff . . .

Phone Number for Followup:

E-Mail Address for Followup:

Service Coordinator:

Jun 05, 2006

Follow Up Requested

at 05:15 PM

What's Working Well?

Bedroom window is broken

Looking at your "No's," what most needs attention?

Bedroom window needs repair

Food was leftovers and cold

Bedroom window is broken

Are there other things that need attention?

(408) 232-1011
sabarb@sarc.com
Barb Devries

A Snapshot of Your Visit

Follow Up Completed

My Name is Barb
I Visited Scott on 6/6/2006 at 05:15 PM
at Happy Home

Scott is . . .

Happy . . .	Yes
Healthy . . .	Yes
Safe . . .	No
Busy/Active . . .	Yes
Following his/her schedule . . .	Yes

Other . . .	Yes
-------------	-----

Bedroom window is broken
Comments on Condition of Person . .

The Home is . . .

Pleasant . . .	Yes
----------------	-----

Comfortable . . .	Yes
Family-Friendly, Welcoming . . .	Yes

In good repair . . .	No
Clean and neat . . .	Yes
Food looks healthy and appetizing. .	No

Well-staffed . . .	Yes
Other . . .	Yes

Comments on Home . . .

Staff are . . .

Good listeners . . .	Yes
Friendly . . .	Yes
Helpful and responsive . . .	Yes
Sensitive to each person's needs . . .	Yes
Competent . . .	Yes
Other . . .	Don't Know

Comments on Staff . . .

Phone Number for Follow-up:

E-Mail Address for Follow-up:

Service Coordinator:

Follow Up Completed on

What's Working Well?

Looking at your "No's," what most needs attention?

Bedroom window needs repair

Food was leftovers and cold

Are there other things that need attention?

Barb Devries
6 /6 /2006

Comments

A new window had been previously ordered and replaced on 2/06/06. SIR completed by provider staff on 06/05/06. Scott accidentally shut window to hard and it cracked. No injury to Consumer or staff.

Jun 07, 2006