

BAY AREA PROJECT

QUALITY OF SERVICES PLANNING TEAM

FINAL REPORT

OCTOBER 2003

QUALITY OF SERVICES PLANNING TEAM MEMBERS

Punam Bhan	Director, Quality Assurance, Chair
Ruth Johnson	Residence Manager
Rick Kirske	Chief Pharmacist
Patty Bullington	Associate Government Program Analyst
Nely Ansagay	Associate Government Program Analyst
Joann Pedron	Senior Psychiatric Technician
Amanda Good	Registered Nurse
Guy Nuzum	Individual Plan Coordinator
Julie Wilsted	Consumer Representative
Rose Basore	Clinical Records
Nora Khan	Residence Manager
Mary Jo Melia	Senior Occupational Therapist
Nona Mendoza	Registered Dietician
Betty Henderson	Quality Assurance
Jocelyn Ylarde	Senior Registered Nurse
Latisha Williams	Education Employment Services Program
Veronica Armiboanga	Residence Manager Program 1
Doriann Shreve	Individual Plan Coordinator
Dolly Ramos	Residence Manager Program 5
Susan Shira	Occupational Therapist
Cora Bareng	Assistant Coordinator Nursing Services
Mary Antone	Program Assistant
Elizabeth Russo	California State Employees Association
Ms. Laurie England	CALPers
Holly Bins	State Council on Developmental Disabilities
Lucille Bianco	Governor's Advisory Board
Glenda Penny	Department of Developmental Services

QUALITY OF SERVICES PLANNING TEAM CHARGE

Assure that Agnews Developmental Center (Agnews) continues to provide services consistent with the residents' needs.

VALUES AND GUIDING PRINCIPLES

The focal point of the Quality of Services Team is to identify measurement criteria to ensure the residents of Agnews continue to receive the same level of excellent services throughout the closure process. The team's focus is to plan for the future. As residents are transitioned, the needs of each person are assessed and measured at regular intervals to ensure that quality services are provided.

- Quality of services needs to be engineered to promote quality.
- Quality of services needs to ensure access.
- Quality of services needs to ensure that partnerships are built within the system.

TEAM PROCESS SUMMARY

The team was established in early February 2003. It met three to four times through September 2003. The initial phase of the process was focused on building a consensus regarding the value base and identifying the outcome domains to track services being provided to the individuals who live at Agnews.

Some of the questions the team addressed during the decision making process were:

1. Whether the specific outcome domain recommended would be a measurement of a change in service.
2. Would it assist in determining the quality of services being provided to the residents?
3. Is it an indicator of whether the service has been provided to the residents?

The team determined whether a current system was in place to collect the information. It also evaluated the impact of data collection for any domain that does not have a system in place.

After thoroughly reviewing the necessary services needed, the team identified four outcome domains to track. The outcome indicators were identified within each of the four domains established. For some outcome indicators systems were already in place for data collection, while for others new systems were established.

The four domains established were:

1. Health Care/Nursing Services

The outcome indicators being tracked are:

- Number of people with pressure sores;
- Number of people with Diagnosed Aspiration Pneumonia;
- Number of people with unplanned weight changes.

2. Behavioral Services

The outcome indicators being tracked are:

- Number of applications of restrictive interventions utilized;
- Number of individuals on two or more medications for behavioral modification from the same therapeutic category in use for more than three months;
- Number of individuals on any three or more medications for behavioral modification from the same or different therapeutic categories for more than six months;
- Number of individuals on medication for behavioral modification that exceeds the facility maximum dose as indicated in our pharmacy procedure.

3. Client Protection:

The outcome indicators being tracked are:

- Number of instances resulting in a fracture;
- Number of instances where a laceration requires sutures;
- Number of allegations of abuse;
- Number of injuries of unknown origin;
- Number of client-to-client altercations with injuries.

4. Services & Supports:

The outcome indicators being tracked are:

- Number of client training objectives (facility wide);
- Number of pending clinic appointments;
- Number of quality individual program plans based on needs/strengths as rated on an audit tool;

- Number of direct services and treatments per client per month by Physical Medicine and Rehabilitation.

The team agreed to have the data for the year 2002 as the baseline data to establish a range and average for each outcome indicator.

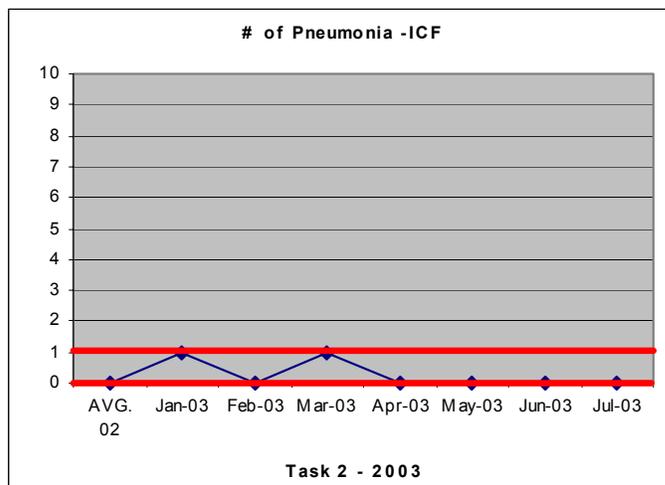
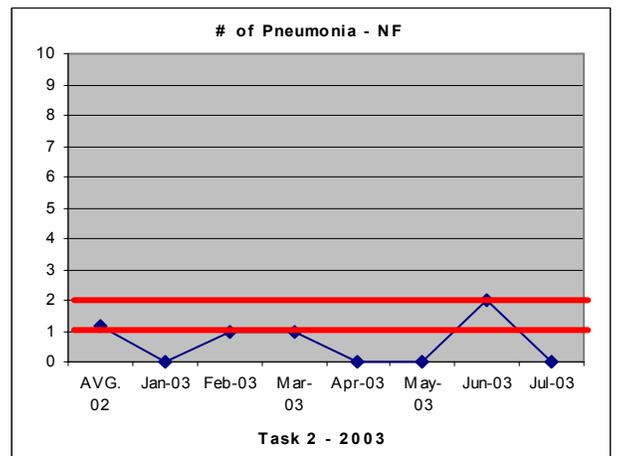
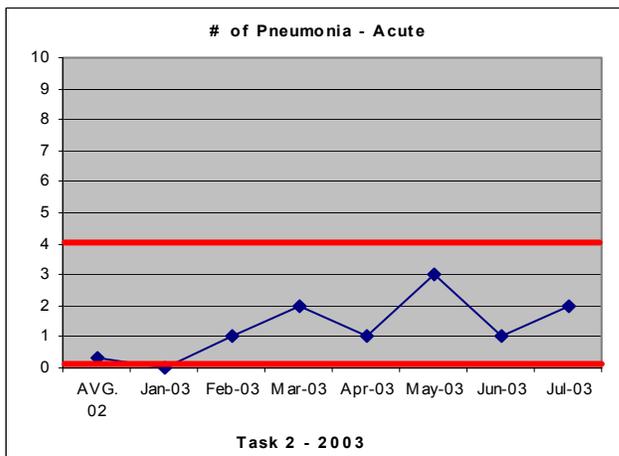
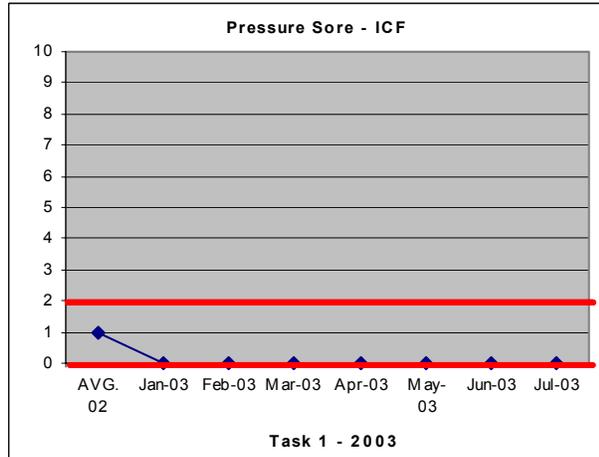
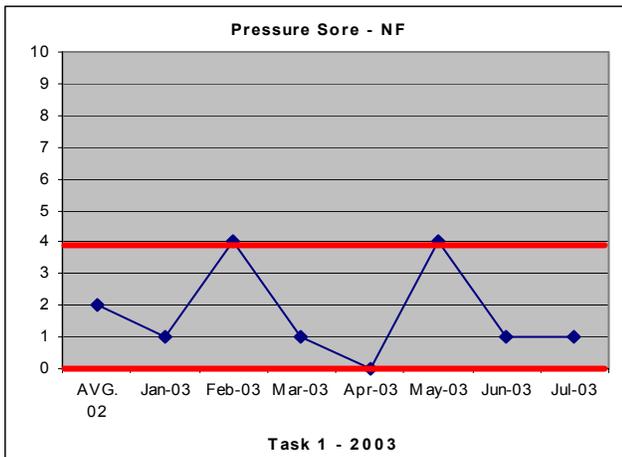
Frequency of data collection for each outcome indicator, and the person responsible for providing the quality assurance department with the data for graphing, was established. The team reviewed all the indicators to determine whether they are valid measures of quality of services at Agnews.

The Quality of Services Team reviews the data monthly to determine whether current indicators are within the established range or not. A root cause analysis of indicators that are outside of the established range or are at the very low end of the ranges established and not showing improvement, is performed to determine the need for additional intervention.

SUMMARY OF OUTCOMES AND RECOMMENDATIONS

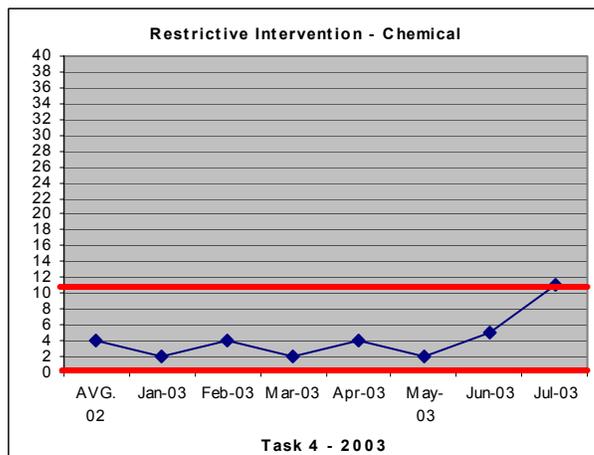
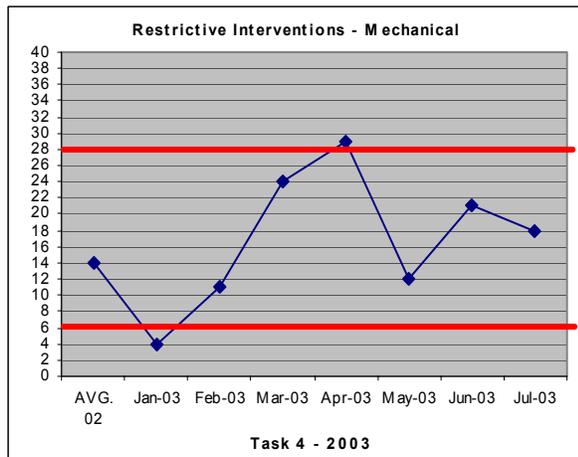
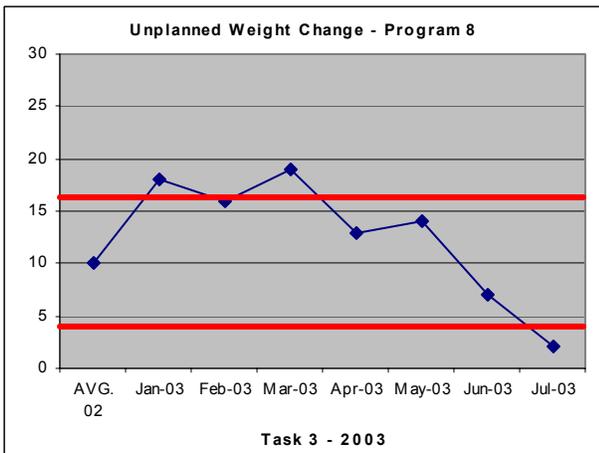
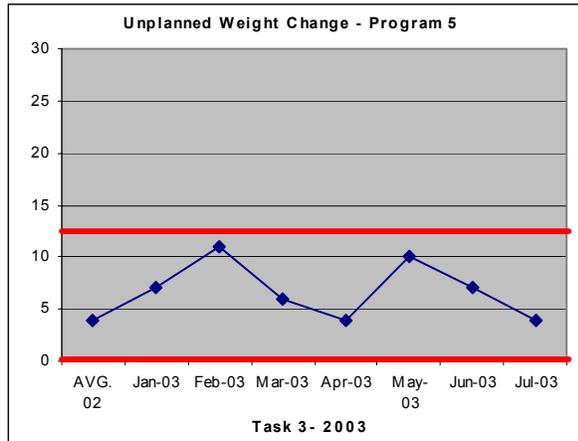
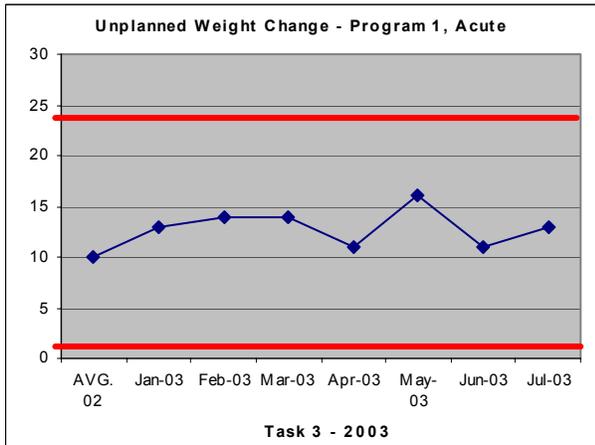
1. Continue collecting data on the established outcome indicators, as they remain valid measures of the services being provided to the residents.
2. Whenever data goes outside the established range, a root cause analysis is to be completed by the involved department at Agnews. The Quality of Services Team will meet and review analysis for any needed action.
3. Quarterly, the team needs to meet to assess the need for data collection for any new emerging trends and/or needs of the residents.

Task 01: Number of People with Pressure Sores (Stages I, II & III).
 Task 02: Number of People with Diagnosed Aspiration Pneumonia.

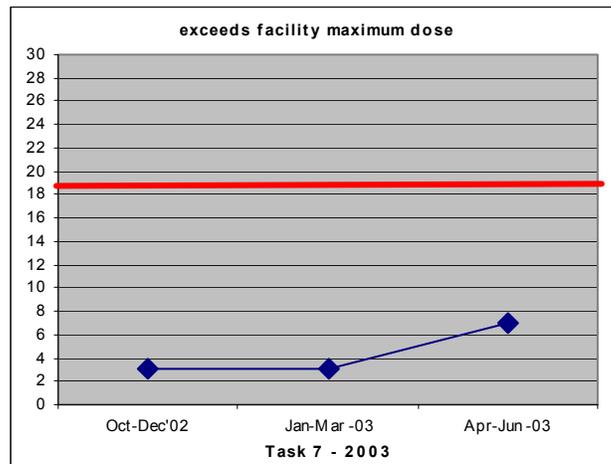
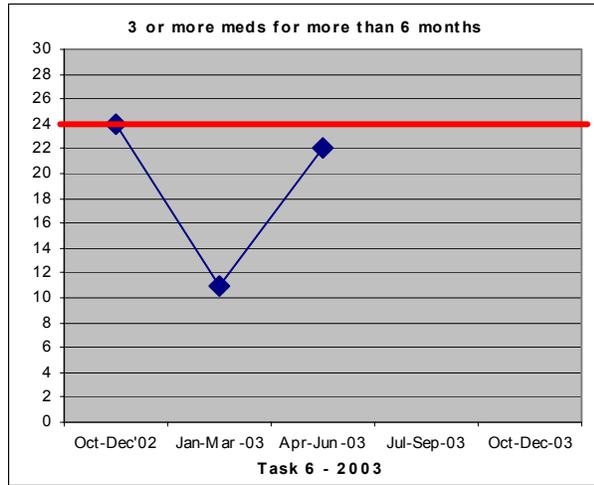
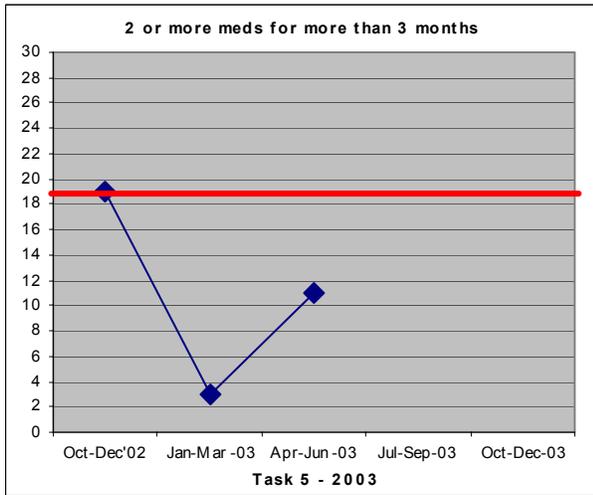


Task 03: Number of People with Unplanned Weight Changes.

Task 04: Number of Applications of Restrictive Interventions—Mechanical and Chemical.



- Task 05: # of Individuals on two or more medications for behavior modification from the same therapeutic category in use for more than three months.
- Task 06: # of Individuals on any three or more medications for behavior modification from the same or different Therapeutic Categories for more than six months.
- Task 07: # of Individuals on a medication for behavior modification that exceeds the facility maximum dose as indicated in Pharmacy Procedure #30.



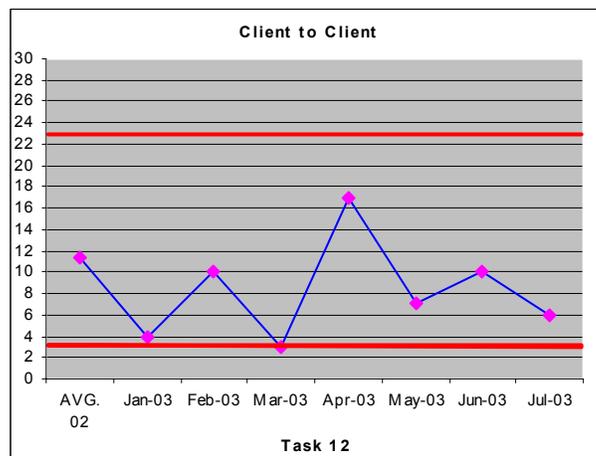
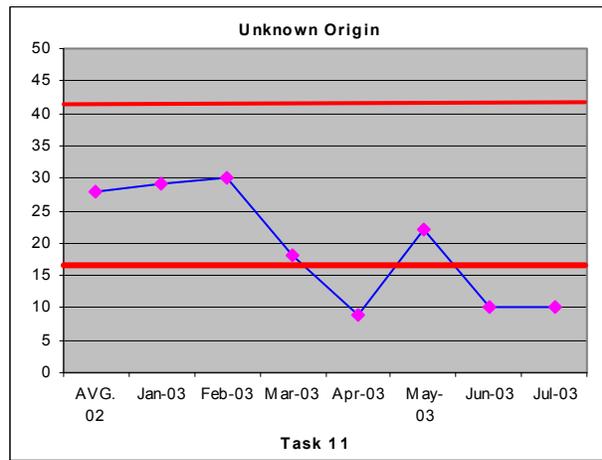
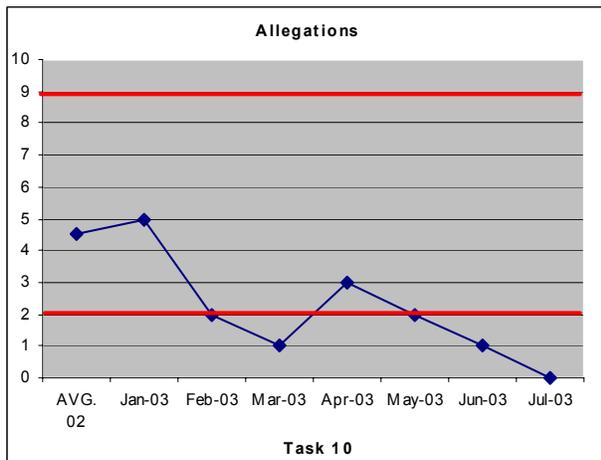
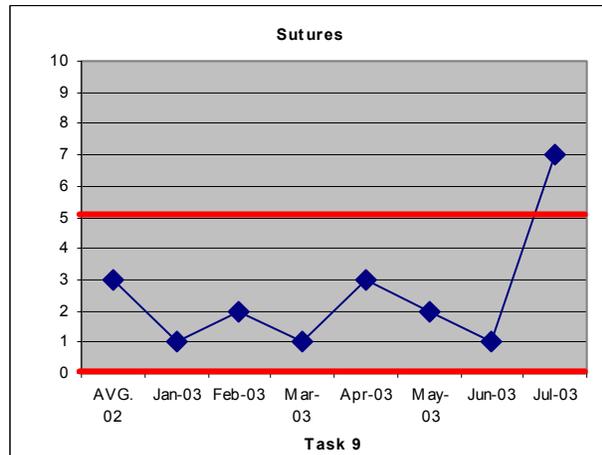
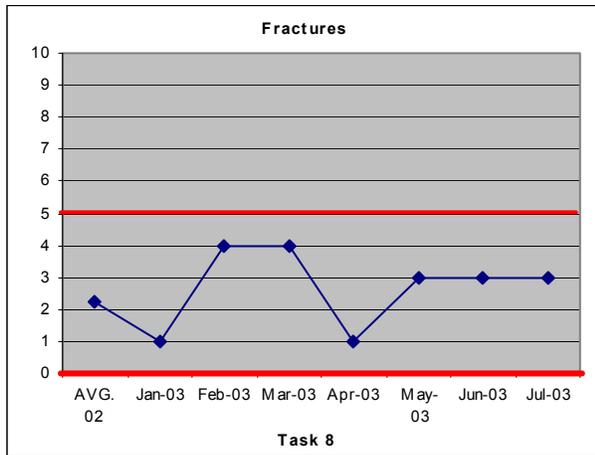
Task 08: Number of Instances resulting in a fracture.

Task 09: Number of Instances where a laceration requires Sutures.

Task 10: Number of Allegations of Abuse.

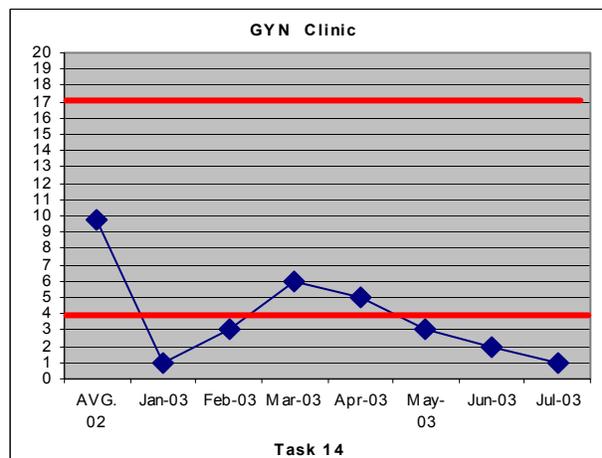
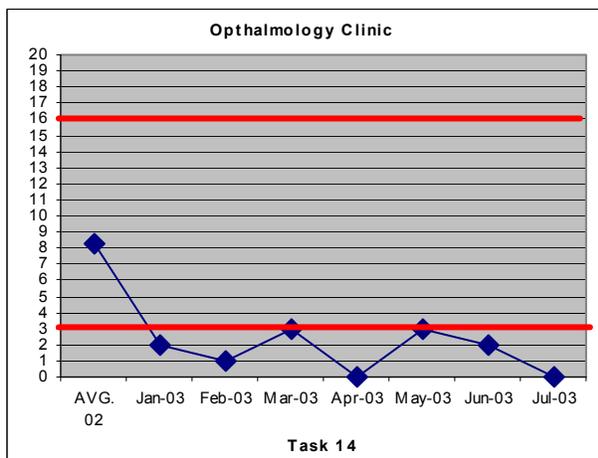
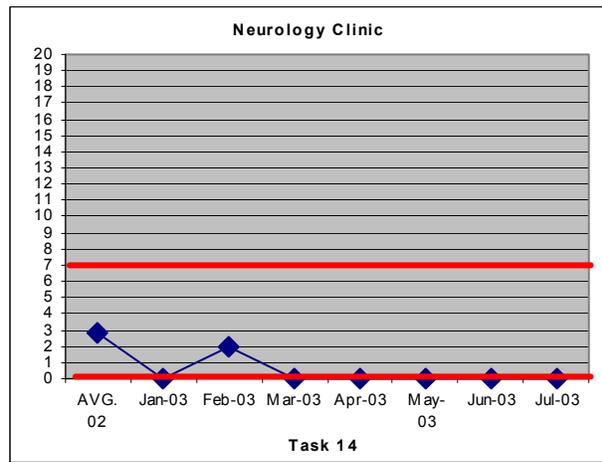
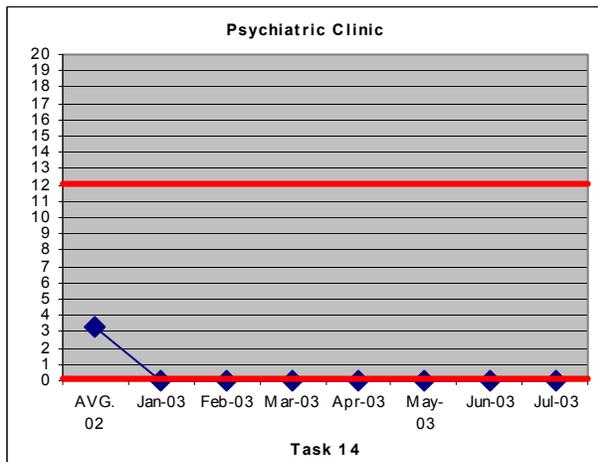
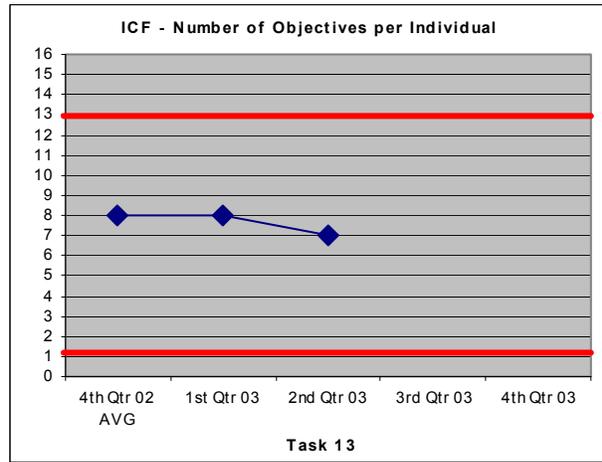
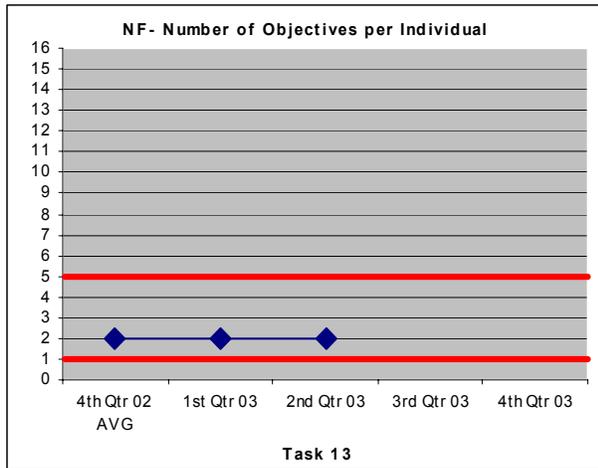
Task 11: Number of Injuries of Unknown Origin.

Task 12: Number of Client to Client altercations with Injuries.



Task 13: Number of consumer training objectives (Objectives/Number of IPPs)—facility wide.

Task 14: Number of Pending Clinic Appointments (Psychiatric, Neurology, Ophthalmology, and GYN).



Task 15: Number of Quality IPPs based on needs/strengths as rated on an Audit tool.
 Task 16: Number of Direct Services and Treatments per client per month by PM&R.

