

# Quality Improvement

July 22, 2020

Information and Updates

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# Objectives

- QIC and Waiver Performance
- New Health Status Screening
- Incident Reporting Performance Update
- SAS Checklists
- Electronic Surveillance
- Out of State Services

# Quality Improvement Committee (QIC)

- Representatives from the DOH, DSPD, OQD, and OL meet at least monthly to:
  - review and analyze discovery and remediation information
  - recommend system improvements
  - evaluate the effectiveness of the improvement initiatives

# QIC Activities

- The Committee may also
  - generate or request quality improvement reports to monitor outcomes
  - evaluate the effectiveness of process and system improvements
  - track and trend performance measures

# QIC Reporting

- Reports are compiled at a minimum of quarterly, more frequently as necessary, or in accordance with the Quality Improvement Plan for any performance measure with a rate of compliance below 86%.

# Waiver Oversight

OQD conducts reviews in various areas of our processes.

DSPD implements improvement activities based on waiver performance.

If waiver performance is lower than 86%, the State must create improvement plans focused on these areas.



# Health Screening



utah department of human services



Home Log Consumer Contact Sign Out UPI Help Admin Search Report CAPS

Male RC In Service Brianna Jones

## Consumer Health Treatment

Type of Visit *	Select... ▾	Type of Medical Professional	Select... ▾
Medical Professional First Name	<input type="text"/>	Type of Treatment	Inpatient ▾
Medical Professional Last Name	<input type="text"/>	Treatment Date	<input type="text"/> 🗑
Name of Facility	<input type="text"/>	Discharge/Recovery Date	<input type="text"/> 🗑
Comments (Reason for Admittance/Visit)	<input type="text"/>		
Was there a significant change in health status?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Can health and safety needs continue to be met?	<input type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Save"/>		<input type="button" value="Clear"/>	

Treatment Date	Type of Visit	Name of Facility	Type of Treatment	Type of Medical Professional	Medical Professional First Name	Medical Professional Last Name	Significant Change?	Needs Met?	Comments (Reason for Admittance/Visit)
⏪ ⏩ ⏴ ⏵									



# Performance Measures: Incident Reports

- Incidents reported to the Division of Services for People with Disabilities within 24 hours of discovery.
- Incidents for which providers submit an incident report within five business days of discovery.
- Incidents for which prevention strategies were developed and implemented, when warranted.
- Incidents that required the development/implementation of prevention strategies in which the Support Coordinator followed up to verify the effectiveness of safeguards/interventions.

# Performance Measure: SAS

- Percentage of Self-Administered Services (SAS) providers (employees) who meet all waiver requirements.
- OQD reviews whether or not a SAS checklist was uploaded in the plan year.

SAS COMPLIANCE REVIEW CHECKLIST	
<b>Date:</b> _____	<b>Time sheet sample for all employees in the sample time period</b>
<b>Consumer:</b> _____	Two months sampled: _____ and _____
<b>PID #:</b> _____	Name of employees sampled _____
<b>Employee Files</b>	
<input type="checkbox"/> No new employees	
1. Employee _____	1. _____
<input type="checkbox"/> 2-9C Application for Certification	2. _____
<input type="checkbox"/> 2-9EA Employee Agreement	3. _____
<input type="checkbox"/> I-9 Employment Eligibility Verification	4. _____
<input type="checkbox"/> Annual Background Screening	
<input type="checkbox"/> Signed Code of Conduct (Department and Division)	<input type="checkbox"/> Free of overlapping services
2. Employee _____	<input type="checkbox"/> Payments appropriate for time submitted
<input type="checkbox"/> 2-9C Application for Certification	<input type="checkbox"/> Services used are expected
<input type="checkbox"/> 2-9EA Employee Agreement	<input type="checkbox"/> Comments reflect services being used
<input type="checkbox"/> I-9 Employment Eligibility Verification	
<input type="checkbox"/> Annual Background Screening	<b>Issues or concerns</b>
<input type="checkbox"/> Signed Code of Conduct (Department and Division)	_____
3. Employee _____	_____
<input type="checkbox"/> 2-9C Application for Certification	_____
<input type="checkbox"/> 2-9EA Employee Agreement	
<input type="checkbox"/> I-9 Employment Eligibility Verification	<b>Confirm all employees are legitimate, properly trained, understand and provide legitimate services.</b>
<input type="checkbox"/> Annual Background Screening	Employee interviewed _____
<input type="checkbox"/> Signed Code of Conduct (Department and Division)	<input type="checkbox"/> 2-9C Employee and documentation match
4. Employee _____	<input type="checkbox"/> Discussed services and supports being used
<input type="checkbox"/> 2-9C Application for Certification	<input type="checkbox"/> Employee trained to meet identified needs, understands Support Strategies and Service Specific Training. Ask:
<input type="checkbox"/> 2-9EA Employee Agreement	<input type="checkbox"/> Do you remember how many hours you worked last pay period?
<input type="checkbox"/> I-9 Employment Eligibility Verification	<input type="checkbox"/> Have you ever made a mistake on your time card-such as forgetting to report time you worked or reporting time you didn't work? If yes, how was it resolved?
<input type="checkbox"/> Annual Background Screening	<input type="checkbox"/> Have you ever been asked to donate or pay part of your check to your employer?
<input type="checkbox"/> Signed Code of Conduct (Department and Division)	<input type="checkbox"/> Do you have questions or other issues providing services?
<b>Employer File</b>	
<input type="checkbox"/> 2-9SA Current year Service Agreement	
<b>Training</b>	
<input type="checkbox"/> Current Service Specific Training	
<input type="checkbox"/> Current Support Strategies match goals	
<b>Available in File</b>	
<input type="checkbox"/> Emergency Contact Information	
<input type="checkbox"/> Timesheets	
<input type="checkbox"/> Support Strategies	
<input type="checkbox"/> Incident Reports	
<input type="checkbox"/> Relevant information determined by employer	
<b>Issues or concerns</b>	<b>Issues or concerns</b>
_____	_____
_____	_____
_____	_____
_____	_____
<b>Name of Reviewer</b>	<b>Date</b>
_____	_____

# Electronic Surveillance

Doorbell cameras or similar technology should follow the human rights committee process defined in [Rule 539-3-7](#)

- If a doorbell camera is used to generally ensure the safety of all individuals in the home, is not used to surveil the individual in DSPD services, and access to the service is not restricted in a way that interferes with the individual's right to autonomy, dignity, or privacy, among other assurances; it is possible a doorbell camera is okay.
- Must be reviewed initially and annually to ensure expectations are continually met.

Notification and documentation of electronic surveillance that is approved by the Human Rights Committee should be sent to [dhrc@utah.gov](mailto:dhrc@utah.gov)

# Out of State Waiver Services

When individuals travel out of state and intend to bill for services, this must be requested and pre-approved by the Waiver Manager.

- The SCE must document how the person's health and safety needs will be met in accordance with the PCSP.
- Only services that can be delivered in an alternate location will be considered for approval
- Out of state benefits should be considered
  - The individual and family should understand their Medicaid insurance plan in case medical services are needed
- Services provided out of state are limited to 14 consecutive days

Performance Measure	Waiver	Q1	Q2	Q3	Q4	FY TD 6-30
Suspected abuse, neglect and exploitation incidents referred to APS and/or law enforcement.	CSW	84.6%	90.5%	100.0%	88.2%	90.6%
	ABI	66.7%	50.0%	100.0%	100.0%	81.8%
	PD					
Incidents involving abuse, neglect and exploitation of waiver participants where recommended actions to protect health and welfare were implemented.	CSW	100.0%	100.0%	100.0%	70.0%	92.5%
	ABI	100.0%	100.0%	100.0%	0.0%	80.0%
	PD				100.0%	100.0%
Incidents reported to DSPD within 24 hours of the discovery of the incident.	CSW	45.8%	54.8%	58.7%	61.9%	56.1%
	ABI	66.7%	50.0%	71.4%	84.6%	69.6%
	PD	0.0%	100.0%		100.0%	83.3%
Incidents for which providers submit an incident report within five business days of the discovery of an incident.	CSW	94.0%	93.9%	93.9%	96.5%	94.8%
	ABI	73.3%	87.5%	100.0%	92.3%	87.0%
	PD	100.0%	100.0%		100.0%	100.0%
Incidents for which prevention strategies were developed and implemented when warranted.	CSW	85.6%	83.8%	89.7%	88.3%	86.7%
	ABI	75.0%	100.0%	100.0%	60.0%	73.9%
	PD	100.0%	50.0%		100.0%	80.0%

# FY20 Quarterly Performance Measure Data

# Under Reporting Trends

CSW Performance Measure	Applicable Cases
Suspected abuse, neglect and exploitation incidents referred to Adult Protective Services and/or law enforcement as required by State law.	318
Incidents involving abuse, neglect and exploitation of waiver participants where recommended actions to protect health and welfare were implemented.	129
Incidents reported to the Division of Services for People with Disabilities within 24 hours of the discovery of the occurrence.	6448
Incidents for which prevention strategies were developed and implemented, when warranted.	3104
Incidents identifying unauthorized use of restrictive interventions that were appropriately reported.	1481