South Carolina Department of Disabilities & Special Needs

Quality Management Bulletin

June 2024

Final Push for National Core Indicator Surveys

In-Person Survey Samples and Background Documents

DDSN continues its participation in the National Core Indicators' In-Person Adult Surveys in 2024. DDSN is among 45 other states participating in this process and we have contracted with the Center for Disability Resources (USC-CDR) staff to complete the interviews. As you may recall, an important part of the survey process is the completion of the background document. Agencies are reminded of their requirement to participate in these surveys, as data will be used in future HCBS Quality Measures reporting. DDSN recognizes the thorough completion of background documents can take time and there are many competing priorities. DDSN will reimburse providers $125 per completed background survey for their efforts. CDR staff are collecting Background Documents and completing interviews through mid-July.

Staff Stability Surveys

In addition to the In-Person Surveys for service participants, DDSN providers have received an invitation to provide data for the annual State of the Workforce Survey. This survey was previously known as the Staff Stability Survey. Invitations were sent to the provider Executive Directors. The links may be forwarded to HR staff or other representatives by the Executive Director. **Surveys must be completed by June 30, 2024.**

Free!!

Human Rights Committee Training

June 26, 2024 11:00 to 12:00

Everyone has rights! And when it comes to the human services field, Human Rights Committee (HRC) play an integral role. These committees promote and protect the human, civil, and legal rights of people with disabilities who are receiving services.

So, what are the roles and responsibilities of an HRC? Who should all be the members of it? How can you avoid common pitfalls in both establishing and maintaining the committee?

In this presentation, you'll receive answers to all these questions and many more! Strategies will be shared to ensure your committee members are asking the right questions and avoiding 'danger signs' that regularly occur in the disability services system. We'll also share some eye-opening data about the relationship between fair treatment and overall quality of life. The 'Right' To An Effective Human Rights Committee is available to DDSN providers. Registration Required.

https://us06web.zoom.us/webinar/register/WN_NCYo_v6JRT-HP9gbfVJr8A

Locating Quality Management Information on the DDSN Website:

Quality Management Overview: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/quality-management-overview*

Information regarding Allegations of Abuse, Neglect, and Exploitation: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/allegations-abuse-neglect-and-exploitation*

Training for Staff about ANE allegations: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/reporting-abuse-neglect-or-exploitation*

Incident Management Reporting: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/incident-management*

Contract Compliance Reviews: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/contract-compliance-activities*

Licensing Activities: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/licensing-and-certification*

Home and Community-Based Settings Rule Information: *https://ddsn.sc.gov/about-us/ddsn-divisions/quality-management/home-and-community-based-waiver-settings-rule*

New Regulations to be Implemented in 2024

Stay Tuned for information about the new "Access Rule" from CMS. This new federal access rule will have a significant impact on HCBS and I/DD services. The Access Rule was issued as a Proposed New Rule in 2023, followed by a public comment period. The final version was posted on April 22, 2024.

A Summary of the Access Rule can be found here:

https://www.cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f

The Administration on Community Living (ACL) has a new regulation related to Adult Protective Services requirements. The new regulation establishes a set of national standards for the operation of APS programs, establishes common definitions for the national APS system to improve information sharing, data collection and standardization between and within states, and requires state systems to develop policies and procedures for coordination and sharing of information to facilitate investigations with other entities, such as state long-term care ombudsman, law enforcement agencies, and state Medicaid agencies.

https://acl.gov/APSrule

In addition, the Administration on Community Living (ACL) has just announced new regulations updating the Older Americans Act in 2024. The new regulations will impact Adult Protective Services and Long-Term Care Ombudsman Programs and investigations related to ANE allegations. A summary of changes can be found here:

https://acl.gov/sites/default/files/oam/2024/OAA_FinalRuleOverview2024.pdf

Quarterly Medication Technician Oversight:

Documentation of Quarterly Oversight should address the review and discussion of any Medication Errors, along with any trends discovered during the review. Items to note might include whether there were staff/ shifts that need more training, any new types of medications that have been initiated for residents. These may be training/ TA opportunities for staff. Many providers have forms that are paper checklists for the process and may be a great assessment of the environment where the meds are given, or they are checklists to ensure there are no blanks. These forms do not provide evidence of actual "oversight" to identify any areas where the staff may need additional training or technical assistance to reduce and/or prevent medication errors.

State of the Workforce Data featured in PBS NewsHour

PBS NewsHour recently included a segment about the direct support professional (DSP) workforce shortage. The segment was developed in consultation with HSRI and National Core Indicators and the broadcast includes NCI State of the Workforce data. It highlights challenges facing people with disabilities and those who support them. Access the 10-minute video at: https://www.pbs.org/video/disability-reframed-1703113945/

CRCF Reports

Please note that CRCF Licensing Regulations require providers to inform the State Long Term Care Ombudsman of allegations of ANE, in addition to calling SLED. For CRCF Residents, 4 reports are necessary:

1. SLED VAIU
2. DHEC Licensing
3. State Long Term Care Ombudsman Program
4. DDSN

CRCF Regulation 61.84: Section 601: Reporting, *H. The administrator or his or her designee shall report abuse and suspected abuse, neglect, or exploitation of residents to the South Carolina Long-Term Care Ombudsman Program in accordance with 1976 Code Section 43-35-25. https://live-sc-dhec.pantheonsite.io/sites/default/files/media/document/R.61-84.pdf*

Risk Management 101: Closing the Loop

DDSN recognizes that every organization is exposed to risk, no matter how well they operate. DDSN also recognizes that management of the risk factors that impact the provider agency, its employees, and the people that it supports requires a broad-based, coordinated approach to mitigate any harm or loss. A Risk Management program should fulfill the following purposes: 1) improve the safety and quality of life for people supported and employees; 2) conserve financial resources; and 3) maintain relationships of trust among stakeholders.

Risk Management

INFORMATION- knowledge, expertise, & commitment of employees; sound policies and procedures; risk incident reporting systems; computerized databases; correction and feedback loops.

TRAINING PROGRAMS- pre-service training; in-service training; specialty training in rights of people supported, behavioral support planning, critical incident reporting, medication administration, driver safety, etc.

ADMINISTRATIVE SUPPORTS- agency organization; well-developed infrastructure; committees of reference; systems of communication, decision making, & follow up; agency mission, vision, and values.

QUALITY ASSURANCE/ IMPROVEMENT PROGRAMS- satisfaction of people supported; personal outcomes; continuous quality improvement; etc.

Service Providers have a responsibility to try to prevent the occurrence of unfavorable events in the lives of people served. Much of the prevention strategy is related to learning from prior incidents. This requires taking a hard look at past events and evaluating what you learned. When unfavorable event data has been collected and obvious trends or patterns have been identified, it is important to analyze the data to identify as many additional trends or patterns as possible. As trends or patterns emerge, the agency staff can review further to develop training and prevention efforts.

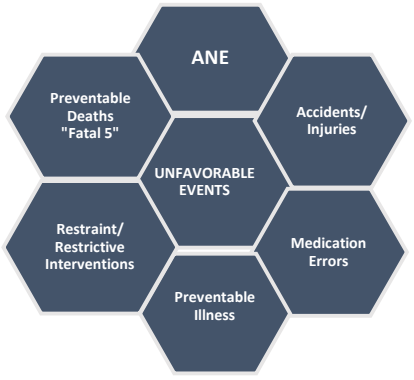
Questions for the Risk Management Committee to consider:

- ✓ What trends were observed?
- ✓ Did staff have pre-service training?
- ✓ Did staff have training to support the individual participants?
- ✓ Did staff understand the supervision level(s) of the participant(s)?
- ✓ Did staff understand the correct food textures required by the person?
- ✓ Were medical appointments scheduled and follow-up coordinated?
- ✓ Was the setting staffed according to the needs to the participant(s)?
- ✓ Were staff trained in appropriate emergency procedures?
- ✓ Were management staff conducting unannounced visits, as required?

It is important that service providers have reliable systems for reporting, analyzing, and following up on unfavorable events for people supported. Each of these systems should be governed by policies and procedures and have sufficient resources to ensure that corrective actions receive ongoing monitoring and follow-up.

Providers must use their Risk Management Committees to review ANE reports, critical incidents, and death reports on at least a quarterly basis to ensure minimum reporting requirements were met, to identify trends, and determine the agency's response to those trends. As an example, the Risk Management will review ANE reports to identify the following:

1. The total number of allegations made;
2. The types of allegations, including any trends of when and where they were reported;
3. The number of substantiated allegations, as determined by local law enforcement, SLED, DSS, or the Attorney General's Office;
4. The number of Administrative Findings, as determined by verified Standard of Care allegations, through DSS or the State Long Term Care Ombudsman's Office or a Regional Ombudsman. A distinction should be made between allegations with known and unknown perpetrators and the types of violations cited (i.e., Administrative Oversight, Dignity & Respect, Supervision, etc.);
5. The number of initial reports submitted in compliance with policy; and
6. The number of final reports submitted in compliance with policy.



In addition, each Administrative/Management Review must include the provider's staff training and recommendations to prevent re-occurrence and the management action to be taken. This management action is not just the disciplinary action. The management actions may require a review of policy or procedures, increased monitoring, and oversight, and/or modifications to a participant's plan.

The Provider's Risk Management Committee will also review documentation related to reporting trends including falls, choking events, sepsis, aspiration, bowel obstruction, medication errors, and the use of restraints. Trends for injuries and illness will be reviewed to determine appropriate individual and systemic responses. Providers are also reminded to review Human Rights Committee and Psychotropic Drug Review information to ensure the information is consistent.

HOME AND COMMUNITY-BASED SETTINGS RULE REQUIREMENTS

DDSN service providers are reminded that the Home and Community-Based Services (HCBS) Settings Regulation, issued by the Centers for Medicare and Medicaid Services (CMS) requires that all home and community-based settings meet certain requirements. These requirements must be met to claim reimbursement for Residential Habilitation or any day service delivery. The DDSN Licensing Standards reflect the agency's values and incorporate the HCBS Settings Rule requirements which are listed below:

All Settings:

- The setting is integrated in and supports full access to the greater community.
- The setting is selected by the individual from among setting options.
- Individual rights of privacy, dignity and respect, and freedom from coercion and restraint are ensured.
- Autonomy and independence in making life choices are optimized.
-

Residential Settings:

- Choice regarding services and who provides them is facilitated.
- The individual has a lease or other legally enforceable agreement providing similar protections.
- The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
- The individual controls his/her own schedule including access to food at any time.
- The individual can have visitors at any time.
- The setting is physically accessible.

Risk Management Review of Restraints and/or other Restrictive Interventions

Restraints and/or other restrictive interventions must be reviewed, including documentation of each restraint employed, by type, to include the staff implementing the restraint, the duration of the restraint, notification provided to the Human Rights Committee, and notification provided to the Behavior Supports/Intensive Behavior Intervention (IBI) provider.

- When planned restraints are included in the Behavior Support/IBI Plans, the provider ensures the Behavior Support/IBI Plans are submitted to DDSN for approval.
- When restrictive interventions are employed as a default action because other measures in the Behavior Support/IBI Plan were not effective, the restraint/restrictive intervention must be reported as a Critical Incident.
- Consumer/staff injury resulting from the use of restraints must be tracked and analyzed.

Narrative information may also be analyzed to identify more specific trends with a continual emphasis on restraint reduction and elimination. If there are no restraints or restrictive interventions reported for the prior review period, the provider must document their monitoring efforts to ensure unauthorized restraints were not implemented.

Providers are reminded that any restrictive interventions/ modifications to a participant's rights must be time-limited and approved by the Human Rights Committee (HRC). When reviewing any proposed restrictive interventions, the HRC must consider less restrictive alternatives that have been considered for each participant before applying the restrictive intervention.

Requirements for residential settings can be modified based on the needs of a person supported. Modifications must be based on a specific assessed need and appropriate document (See DDSN Residential Habilitation Standards). Modifications based on the needs of one person must not impose a restriction on another person. As an example, if there is a gate limiting access to the kitchen, the provider must describe less restrictive alternatives for each resident before installing the gate, and how the residents that do not require the limitation maintain access to the kitchen. HRC approval will be required for each resident in the home.

What are your agency's Emergency Procedures?

The American College of Emergency Physicians advises everyone learn to recognize the warning signs of a medical emergency. Unsure whether it's a medical emergency? Ask these questions:

- ✓ Is the condition life or limb threatening?
- ✓ Could the condition worsen quickly on the way to the hospital?
- ✓ If you move the person, will it cause further injury?
- ✓ Does the person need skills or equipment that paramedics or EMT's carry right away?

If you answer "YES or I DON'T KNOW" to any of these questions, **CALL 911**!

What to Do When Calling 911

- Remain calm.
- **Call 911 PRIOR to calling supervisor or other agency staff members.**
- Stay on the line to answer dispatcher's questions.
  - Provide your name, phone number and location.
  - Describe what happened.
- Keep the connection open until the dispatcher tells you to hang up.

Helpful Emergency Information

- ☐ Current list of medications, including dosage and administration instructions.
- ☐ The name, address, telephone number and relationship of a designated person to be contacted in case of emergency.
- ☐ The name, address, and telephone number of Primary Care Physician (PCP).
- ☐ The name, address, and telephone number of the person(s) potentially able to give consent for health care, if applicable.
- ☐ A copy of the individual's most recent physical examination.
- ☐ Current list of diagnoses and treatments, including allergies.

- ✓ Non-urgent risks require staff to communicate their observations to other team members to create the best plan of care for the person.
- ✓ It is important to keep a record not only of the healthcare a person receives, but also their current health status.
- ✓ Staff must be trained properly and know where to find information in the person's record. Information must be logged according to agency policies.
  - Special diet(s)
  - Eating protocol(s)
  - Supervision plan(s)
  - Medication administration
  - Skin integrity protocol(s)

Health and Safety Evaluation Questions

Were the actions taken to protect the person's health and safety prompt and adequate?

- What are prompt actions?
  - In general, actions to protect health and safety are implemented immediately upon discovery/recognition of the illness/injury.
- What are adequate actions?
  - Depending on the nature of the incident they can include things such as calling 911, applying basic first aid, CPR, calling agency nursing and/or other healthcare measures.

The record of an injury should include:

- ✓ A description of the injury;
- ✓ What body part was injured;
- ✓ Date/time the injury occurred;
- ✓ How did the injury occur?
  - Accidental?
  - Unexplained?
  - Self-Inflicted?
- ✓ A description of the treatment
  - First Aid Given, Managed at home?
  - ER, Urgent Care, Hospital?
  - Were over the counter medications used?
- ✓ A description of the actions by staff;
- ✓ A description of follow-up needed.

The record of an illness should include:

- ✓ A description of the symptoms;
- ✓ Date/time symptoms began;
- ✓ Chronic vs. Acute illness;
- ✓ A description of the treatment
  - First Aid Given, Managed at home?
  - ER, Urgent Care, Hospital?
  - Over the counter medications used?
- ✓ What is the diagnosis?
- ✓ A description of the actions by staff;
- ✓ A description of follow-up needed.

Possible Indicators of Neglect when Evaluating Healthcare

Evidence that neglect may have occurred can include, but are not limited to:

- ✓ Unnecessary delays in calling emergency services; Such as calling program supervisor, nursing staff, family etc. before 911.
- ✓ Failure to acknowledge/recognize symptoms of illness/injury when a person displays or reports illness, pain, discomfort etc.
- ✓ Failure to promptly begin new medications or implement a change in medications.
- ✓ Failure to provide CPR, First Aid, or other life-sustaining treatment properly, or at all.

Failure to take action to protect the health, safety and well-being of a person following the initial knowledge of a new or changing healthcare need can be a form of neglect.

Residential Reminders

- *Residential Tiers do not determine a participant's supervision requirements. If a person requires enhanced staffing according to their residential plan, the enhanced staffing must be provided. If the person's assigned Residential Tier is not sufficient to meet their assessed needs, a Tier Change or Single Case Agreement may be requested through the Case Manager.*
- *Medical Sections on the Residential Plans must be complete. Staff must have access to current medical information for each participant. Staff must receive training to work with the person and respond to their needs. This includes training for conditions such as Diabetes to ensure physician orders are followed correctly. Providers must document staff training, frequency of oversight/monitoring, and review of data for affected participants.*
- *Standing Orders must be reviewed for each resident by the prescriber. General standing orders may not consider a person's individual circumstances, including allergies and/or other contraindications. For example, not everyone can take Benadryl. Persons with liver issues should not take Tylenol. Other Over the Counter (OTC) medications should not be taken within a certain timeframe of certain prescribed medications. A Med Tech/ DSP may think that if an OTC is OK for them, it's OK for the resident. The list of potential OTC meds should be reviewed to ensure these types of contraindications do not apply to the individual resident.*
- *Residential Settings must have supplies available as indicated in Standing Orders. This includes basics, such as Tylenol, Immodium, or an antibiotic ointment, and it also includes things like orange juice, if listed on the MAR as an immediate need due to low blood sugar readings.*
- *At no time should the maximum licensed occupancy of a residence be exceeded by persons receiving Residential Habilitation or Respite. CTH IIs, specifically, are licensed for no more than 4 residents. If the number of Residential Habilitation participants exceeds 4, then the DDSN license is not valid. If the setting does not have a current, valid license, neither Residential Habilitation nor Respite can be claimed.*
- *Visitors are permitted at residential settings and do not contribute to the setting's maximum licensed occupancy. Please keep in mind that Residential Habilitation should not be claimed for a "visitor."*
- *Each participant in residential services must have a legally enforceable lease agreement.*

Fall Assessment and Injury Prevention

- Falls are the leading cause of injury/accidental death in older adults. More than one third of people over 65 fall each year.
- 20 - 30% of those who fall suffer moderate to severe injuries that limit their mobility and threaten their independence.
- Falls are the most common cause of traumatic brain injuries.
- Falls are the most common cause of hospital admissions for traumatic injuries.

Falls are even a BIGGER deal for people with developmental disabilities…..

- Degenerative changes can affect individuals earlier in life.
- Cognitive impairments –The person may be unable to recognize and avoid hazards.
- Subject to early fatigue and may not have the protective reflexes to prevent serious injury when falling.
- Physical impairment (gait/mobility) are common among people with disabilities.
- Medications for various problems (seizures, behaviors problems, etc) put persons at risk for osteoporosis and altered mental status.

While not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring those results in minimizing risk for falls and injuries.

The important fact to remember about fall risk is that the likelihood of falling increases with the number of risk factors a person has.

How Can Falls Be Prevented?

Falls can be reduced by understanding and assessing:

- **Why do falls occur?**
- **What factors are associated with fall risk?**
- **Which strategies reduce fall risk?**
- **What actions can be taken to prevent falls?**

Unintentional falls occur due to two types of risk factors and sometimes because of an interaction between the two.

1. **Extrinsic or external factors** - conditions brought about by the environment. Also known as --- Hazardous conditions
2. **Intrinsic or internal factors** - conditions brought about by the person, includes the physical conditions associated with each person.

Extrinsic/External Factors (Conditions brought about by our environment)

- ✓ Wet floors or obstacles in the area
- ✓ Ill-fitting shoes or untied shoelaces
- ✓ Loose fitting clothes as well as some popular “fashion” trends
- ✓ Lighting conditions….
- ✓ Weather related risks
- ✓ Uneven Pavement

Intrinsic or Internal Factors (Physical conditions associated with an individual)

- ✓ Musculoskeletal Impairments effecting gait/balance.
- ✓ Decreased mental alertness and need for assistive devices.
- ✓ Visual Impairments

The most common fall-related fractures:

- **Spine**
- **Hip**
- **Forearm**
- **Leg**
- **Ankle**
- **Pelvis**
- **Upper Arm**
- **Hand**

Research suggests that individuals taking four or more medications are at an even greater risk for falls than those who don't -- perhaps two to three times greater. Medications that can increase risk for falls:

- Antiepileptics
- Psychotropics
- Anticholinergics
- Narcotics
- Some allergy medications
- Sleep aids and
- Some cold and cough remedies
- Any medications that cause drowsiness can increase risk for falls.

Predisposing Diseases/Conditions

- Seizure Disorder
- Diabetes (hypo/hyperglycemia)
- History of Falls
- Psychiatric Disorders/Unsafe behavior
- Neuromuscular problems (cerebral palsy/spasticity)
- Orthopedic problems (deformities/contractures)
- Infections/Illness
- Orthostatic hypotension (postural hypotension)

Identifying individuals who are at greatest risk for falling.

A comprehensive fall evaluation should begin with a thorough medical history.

— Medical history

- Age
- History of medical conditions/diagnoses (diabetes, heart disease, dementia, neuromuscular impairment)
- Degenerative Conditions and how rapidly are changes occurring.
- Behavior Challenges/Psychiatric Disorders
- Seizure Disorder
- Current functional abilities
- Use of assistive devices

— Physical examination

- Current mental status
- Mobility
- Vision
- Postural hypotension
- Range of motion – including details regarding contractures
- Strength and Coordination of the extremities
- Sleep disturbances waking at night or excessive movement.
- Elimination problems- frequent need for urination or increase in urge.

FALL RISK ASSESSMENT TOOLS

- ✓ Briggs Fall Risk Evaluation
- ✓ Morse Fall Scale
- ✓ Falls Efficacy Scale- (FES)
- ✓ Tinetti Gait and Balance Assessment
- Briggs Healthcare

The person should be evaluated in eight clinical areas:

- ✓ Level of Consciousness/Mental Status
- ✓ History of Falls (in the past 3 months)
- ✓ Ambulation/Elimination Status
- ✓ Vision Status
- ✓ Gait/Balance
- ✓ Systolic Blood Pressure (postural Hypotension)
- ✓ Medications
- ✓ Predisposing Diseases (seizures, cerebral palsy, orthopedic deformities, etc)

Fall risk should be assessed:

- At the time of admission to the facility
- After each fall
- Following any major change in health status
- Annually at the time of the ISP

FALL/INJURY PREVENTION PLAN

Many falls can be prevented with a multifactorial approach which includes:

- Medical Strategies
- Therapeutic Strategies
- Environmental Strategies
- Behavior Management Strategies (intentional falls/unsafe behavior)
- Medical Strategies
- Identify and treat underlying diseases/conditions –(seizures, vision deficits, cardiovascular irregularities, acute illness/infections, etc)
- Review medications-(lowest effective dose, consider discontinuation/substitution of medications)
- Diagnose/treat osteoporosis-(Calcium/Vitamin D Supplements, Bisphosphonates, etc)

DDSN is pleased to sponsor a series of Free Webinars for our provider network.

Please click on the links below for more information and to register.

The 'Right' to an Effective Human Rights Committee

Jun 26, 2024 @ 11:00 AM https://us06web.zoom.us/webinar/register/WN_NCYo_v6JRT-HP9gbfVJr8A
Everyone has rights! And when it comes to the human services field, Human Rights Committee (HRC) play an integral role. These committees promote and protect the human, civil, and legal rights of people with disabilities who are receiving services. So, what are the roles and responsibilities of an HRC? Who should all be the members of it? How can you avoid common pitfalls in both establishing and maintaining the committee? In this presentation, you'll receive answers to all these questions and many more! We share strategies you can use for creating your committee, ensuring it's asking the right questions, and avoiding 'danger signs' that regularly occur in the disability services system. We'll also share some eye-opening data about the relationship between fair treatment and overall quality of life. You'll leave this presentation with specific action steps you can put in place "right" away!

Using Appreciative Inquiry to Shift Culture and Spark Transformation

Jul 31, 2024 @ 11:00 AM https://us06web.zoom.us/webinar/register/WN_xiltU_6_Qs29G9WxeiSuSw
The human services field is rooted in compliance-based models that are built on evaluations and assessments. With this model, shortcomings and weaknesses are provided much greater attention than the assets and proficiencies of an organization. It can be difficult to focus on best practice and possibility for the future when faced with myriad day-to-day challenges and hardships. Appreciative Inquiry is a transformational process to enact positive change and is used across all sorts of industries, with origins outside of the human services field. It shifts the outlook from a deficiency-driven approach where the spotlight is on problems and what's not working. Instead, it focuses on identifying and amplifying an organization's strengths, and applies lessons learned from those strengths to areas where there is opportunity to improve. Appreciative Inquiry focuses on strengths versus weaknesses to turn perceived deficiencies into innovation. Join us in the session, 'Using Appreciative Inquiry to Shift Culture and Spark Transformation,' as we explore what Appreciative Inquiry is, why it's important, and how it can be used by provider organizations. You should attend this presentation if you're looking for a fresh approach to shift your culture and spark transformation!

Introduction to the Personal Outcome Measures®

Aug 21, 2024 @ 11:00 AM https://us06web.zoom.us/webinar/register/WN_NSSTz2ZGT4OoZS4KIRTmdg
"Over the past 20 years, we've used the Personal Outcome Measures® in various ways such as taking action, shifting agency policy, developing plans, and celebrating goals," says Jennifer Stavenhagen, Director of Quality & Incident Management for The Adirondack Arc. The Personal Outcome Measures® (POM) is a powerful tool to ensure supports and services are truly person-centered. In a POM interview, people receiving services share information about the presence, importance, and achievement of outcomes. Their support providers then discuss the services that the organization has in place for those outcomes. These interviews cover quality of life areas involving choice, health, safety, social capital, relationships, rights, goals, dreams, employment, and more. The insight gained during a POM interview can then be used to inform a person-centered plan, improve individualized supports, track progress, and assess effectiveness. At an aggregate level, agencies can use this data to analyze initiatives, evaluate organizational priorities, and report results to stakeholders. In this overview presentation, we're exploring the Personal Outcome Measures®. Attendees will learn about the tool, its factors, and indicators, and how to leverage it to improve the quality of your services and the quality of life for people who receive them. We'll also share eye-opening data collected through the POM and describe what it means for transforming supports.

Introduction to the Basic Assurances®

Sep 18, 2024 @ 11:00 AM https://us06web.zoom.us/webinar/register/WN_zJnRTX_OTKe02G3OCKRx5Q

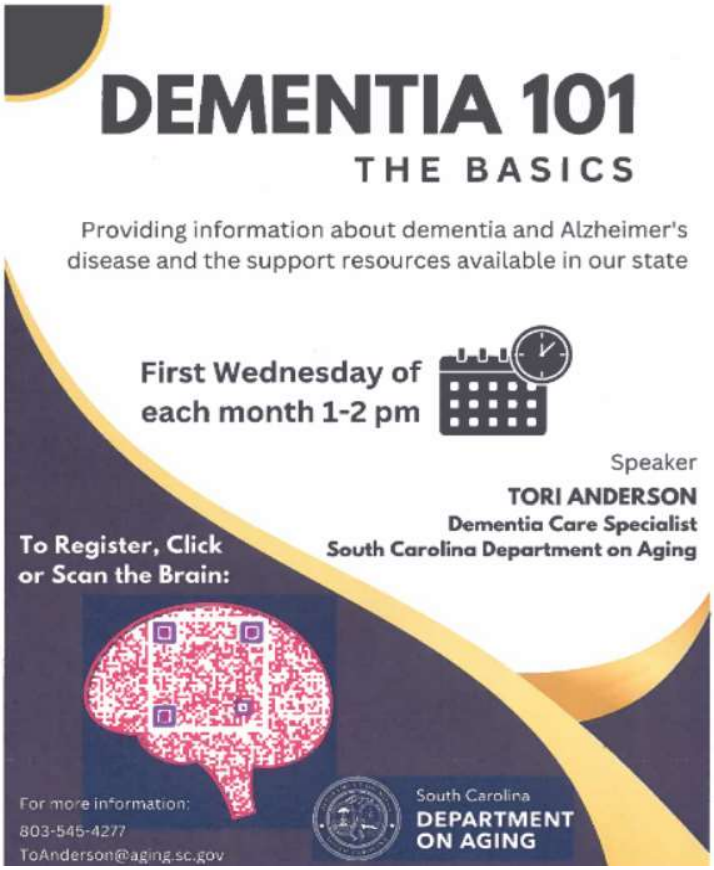
"The Basic Assurances® have provided a framework to help us know the right things to measure. We chose to orient our quality manual around the Basic Assurances®. By doing this, we are able to better evaluate the quality of our services and see areas we can improve," says Megan Moore-Stevens, Residential Director for MMI Residential. The Basic Assurances® is a tool to evaluate successful operations involving the health, safety, and human security of people receiving services, as well as areas such as natural supports, social networks, employment, and more. Through 10 factors, 46 indicators, and hundreds of probes, the Basic Assurances® provide organizations with guidance for ensuring that systems translate into actual practices to positively impact the lives of people with disabilities. After attending this presentation, you'll learn how the Basic Assurances® create the building blocks for organizational transformation. We'll describe different ways you can use the tool for identifying, evaluating, and improving quality across your agency. Attendees will leave this session knowing why hundreds of human

services providers throughout the globe use the Basic Assurances® to make a positive, long-lasting impact on policies, procedures, and especially practices.

Leveraging Social Capital to Improve Quality of Life

Oct 16, 2024 @ 11:00 AM https://us06web.zoom.us/webinar/register/WN_GAEF3ZAsQFOI8HU57-vIlQ

Social Capital involves the connections people create and the resulting trust, reliance, and reciprocity that comes out of those relationships. Especially in the human services system, there are distinct benefits for supporting people with disabilities to build social capital in their life. Through Personal Outcome Measures® data, we find that only 38.8% of people with disabilities had outcomes related to Social Capital present in their lives, including areas like community, relationships, friendships, social roles, etc. This session will help you in understanding, identifying, and improving Social Capital. Attendees will leave with specific strategies to support people in establishing connections, nurturing relationships, and living better lives. We'll also share examples of people moving beyond being in the community, to actually being a part of the community.

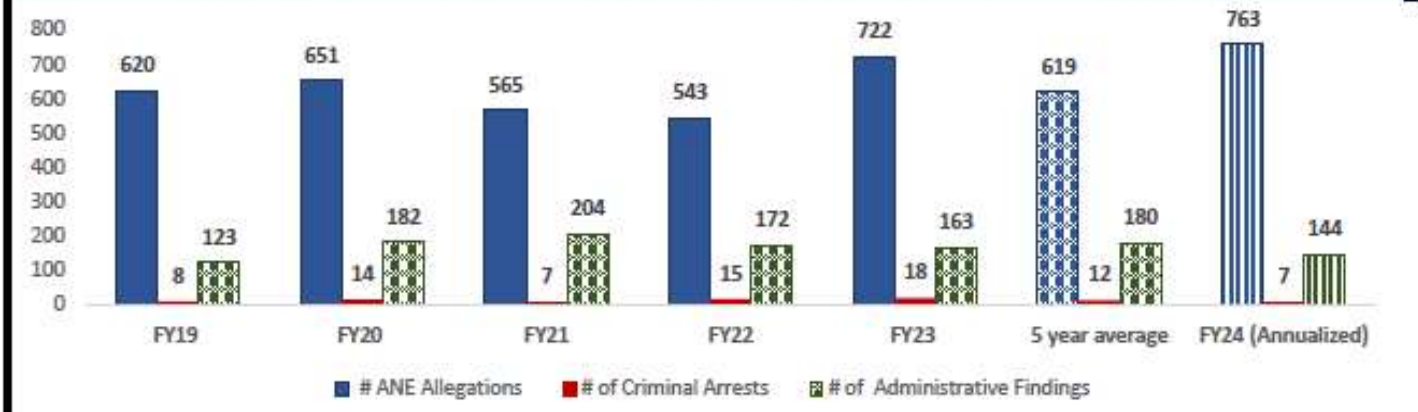


SCDDSN Incident Management Report 5-year trend data

for Community-Based Services *(Includes Residential & Day Service Settings) Thru 3/31/2024*

Allegations of Abuse, Neglect, Exploitation	FY19	FY20	FY21	FY22	FY23	5 YEAR Average	FY24 Annualized (Thru Q3)
# of Individual ANE Allegations	620	651	565	543	722	619	763 (572)
# of ANE Incident Reports (One report may involve multiple allegations)	415	436	388	389	511	430	556 (417)
Rate per 100	9.6	11.8	10.9	9.3	12.1	10.8	11.3
# ANE Allegations resulting in Criminal Arrest	8	14	7	15	18	12	7 (5)
# ANE Allegations with Administrative Findings from DSS or State Long-Term Care Ombudsman	123	182	204	172	163	169	144 (108)

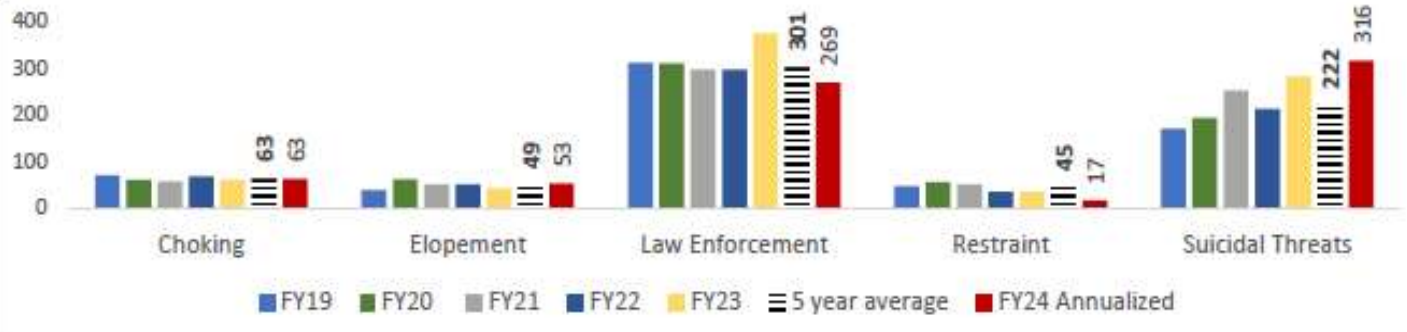
ANE Allegations: Comparison to Arrest Data & Administrative Findings



There was 1 ANE Report for FY24Q2 involving a child under the age of 18 in a Community Setting. All other reports were for adults.

Critical Incident Reporting	FY19	FY20	FY21	FY22	FY23	5 YEAR Average	FY24 Annualized (Thru Q3)
# Critical Incidents	916	982	974	1245	1265	1076	1304 (978)
Rate per 100	9.6	11.8	10.9	15.4	13.2	12.2	13.6
# Choking Events	71	65	57	68	61	64	63 (47)
# Law Enforcement Calls	311	310	296	296	292	301	269 (202)
# Suicidal Threats	170	193	251	212	282	222	316 (237)
# Emergency Restraints or Restraints w/ Injury	47	56	51	35	35	45	17 (13)

5 Year Critical Incident Trend Report- Community Settings



8 Critical Incident Reports involving a child under the age of 18 have been reported in FY24 in a Community Setting.

Death Reporting	FY19	FY20	FY21	FY22	FY23	5 YEAR Average	FY24 Annualized (Thru Q3)
# of Deaths Reported- Community Residential Settings	78	86	130	102	95	98	105 (79)
Rate per 100	1.6	1.9	2.8	2.2	2.0	2.1	2.2

Report Date: 5/6/2024