

Washington State Department of Social and Health Services
DEVELOPMENTAL DISABILITIES ADMINISTRATION

Putting Vision Into Action

QUALITY ASSURANCE REPORT FISCAL YEAR 2022



Washington State
Department of Social
& Health Services

Transforming lives



Message from the Interim Assistant Secretary

Dear Teammates and Stakeholders,

DSHS' Developmental Disabilities Administration remains committed to providing quality services and supports for individuals with intellectual and developmental disabilities.

Our annual quality assurance report measures outcomes in health, safety and quality-of-life for the more than 50,000 DDA clients across the state. DDA's quality assurance work aligns with [Guiding Values](#) – values that envision an equitable, inclusive and accessible service-delivery system.

Each year, we face new challenges and opportunities to measure the performance of our services. This report allows us to share our goals and have an open conversation that leads to improvements. We remain engaged in partnerships with diverse groups in our state, including formal advisory committees, clients and families, advocates, providers, tribes and counties. We also realize we need to stay current with the ever-changing needs of the people we are here to support. This means working to forge new relationships with young families to better understand the challenges they face, as well as to remain connected to stakeholders and advocates who we've worked with for many years.

We invite you join us to reimagine programs and services tailored for the needs of families and communities today and into the future. In doing so we must all ensure choice for the people we serve. While no one has a crystal ball, what we can all rely upon is our commitment to the people we serve, the mission, vision and values we believe in, and the importance of fulfilling our promises to the individuals we have been called to serve.

Our mission is clear and will not waver - we transform lives by providing support and fostering partnerships that empower individuals to live the lives they choose. Your input and engagement in the work we do is valuable and necessary to develop services and supports that are meaningful. This report offers you the opportunity review to our services and provide feedback on how we're doing. We would love to hear your thoughts. Email us at DDAfeedback@dshs.wa.gov.

Sincerely,

*Dr. Tonik Joseph, Interim Assistant Secretary
Developmental Disabilities Administration*

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DSHS' Developmental Disabilities Administration is committed to providing quality programs and services. Responsibility is shared across all programs, services and facilities. Our mission, vision and values drive our management system.



Who we are

In 2022, over 4,000 Developmental Disabilities Administration staff worked with 37,000 clients throughout Washington who receive services. We are committed to providing quality programs and services to the people we support.

Our [mission, vision and values](#) drive this management system.

Our Mission

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Our Vision

- **Supporting** individuals to live in, contribute to, and participate in their communities.
- **Continually** improving supports to families of both children and adults.
- **Individualizing** supports that will empower individuals with developmental disabilities to realize their greatest potential.
- **Building** support plans based on the needs and the strengths of the individual and the family.
- **Engaging** individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports.

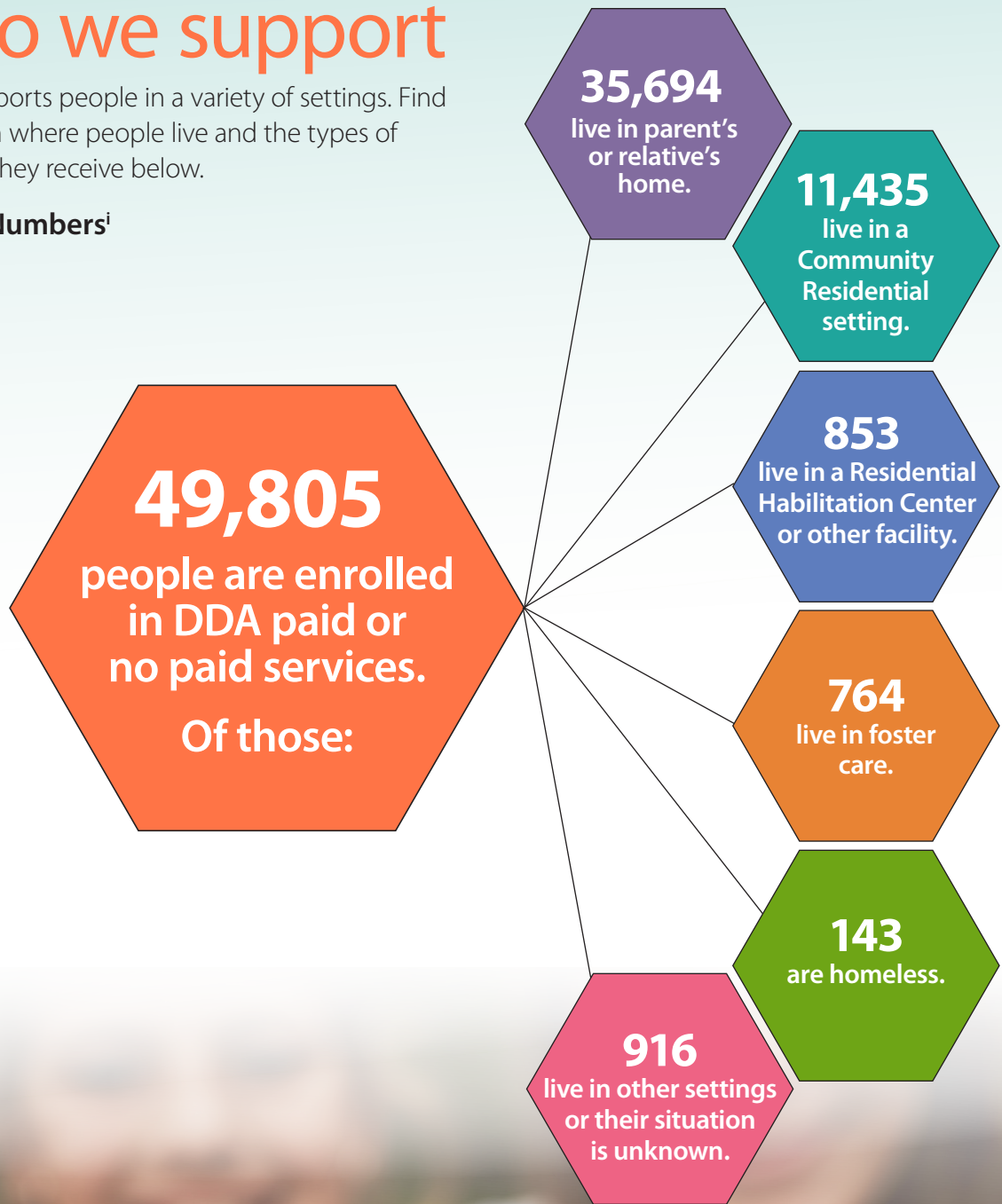
Our Values

- **Respect** gained through positive recognition of the importance of all individuals.
- **Person-Centered Planning** to support each person to reach their full potential.
- **Partnerships** between DDA and clients, families and providers in order to develop and sustain supports and services that are needed and desired.
- **Community Participation** by empowering individuals with developmental disabilities to be part of the workforce and contributing members of society.

Who we support

DDA supports people in a variety of settings. Find details on where people live and the types of support they receive below.

By the Numbers¹

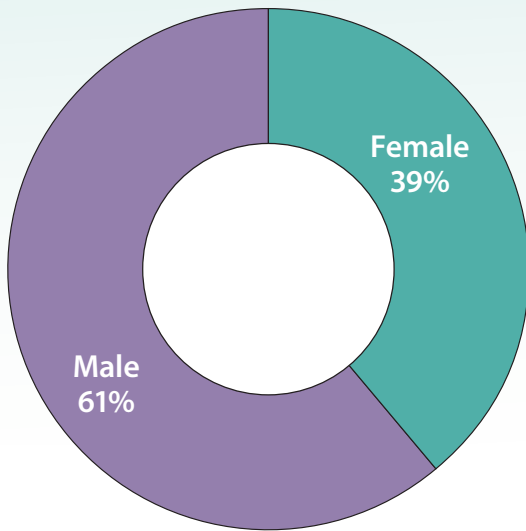


Who we support

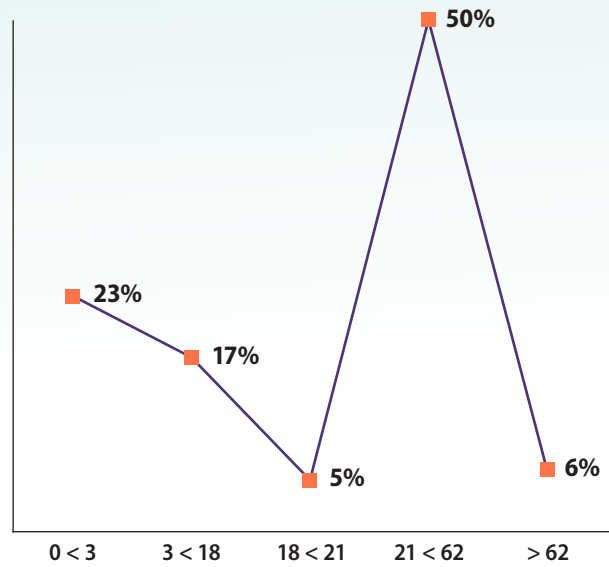
The people we serve are diverse in age and demographics and are representative of Washington state as a whole.

PAID CASELOAD

Gender

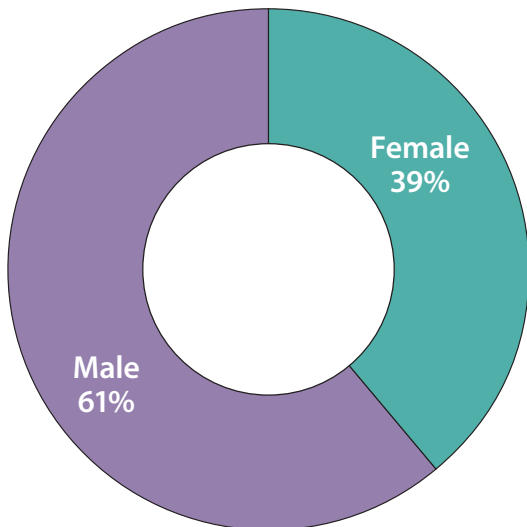


Age Distribution

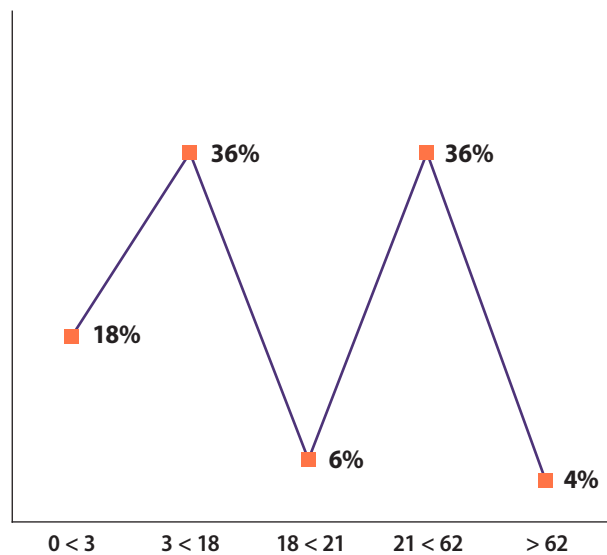


NO PAID CASELOAD

Gender



Age Distribution

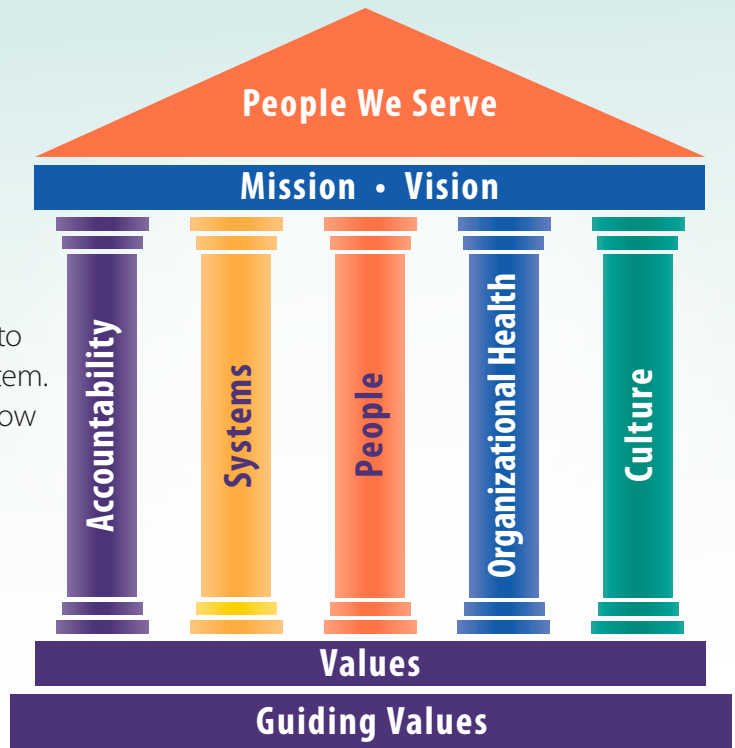


What we do

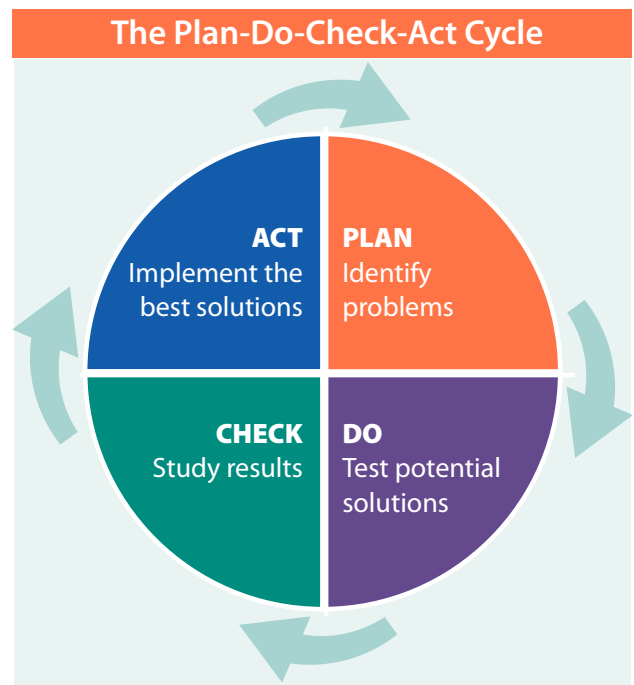
We provide support to individuals and work to create partnerships to empower people to live the lives they want. Our focus is on working to continually improve the quality of our services.

We created the **Pillars of Quality** in early 2021 and use them to provide the framework for us to review and refine our quality management system. They reflect our commitment to quality and show how our values connect with our mission and vision. Our quality efforts focus on:

- Accountability.
- Systems.
- People.
- Organizational health.
- Culture.



We study issues through Root Cause Analysis and build improvements through the **Plan-Do-Check-Act Model**. This allows us to move toward a continual cycle of quality assurance, monitoring and improvement.



Strategic Objectives

Strategic Objectives are the areas we are focusing on for the next two years. These objectives are changed and adjusted as needed, based on new information or identified need. Our current strategic objectives for [2023-2025](#) focus on the following areas:

- Ensure that 80% of people receiving supported living, group home, group training home services and adult family homes get regular dental care.
- Annually support at least 110 individuals with developmental disabilities to be able to receive services that support them to live in their own communities rather than in facility-based settings.
- Use available funding to provide the services and supports needed. Increase enrollment in the Core Waiver to 5,702 individuals and maintain average quarterly caseload of 6,500 individuals on the Individual and Family Services Waiver.
- Increase working-age adults with a developmental disability who are employed to 60%.
- Ensure that services and supports provided to clients in certified residential settings meet regulatory requirements and quality of care standards.
- Maintain a 99% on-time completion of assessments to ensure services and supports that are authorized meet the need in supporting identified health and welfare needs.
- Continue to support and promote equity, diversity, access and inclusion in the workplace and public outreach through recruitment, hiring, training, retention as well as staff and stakeholder communication.

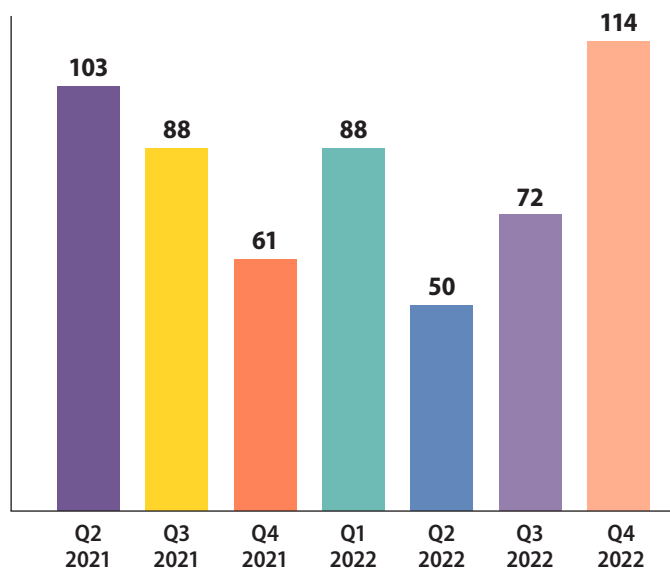
These along with additional measures continue to support us with our work towards our mission, vision and values.

We have identified additional areas within our system that need improvement. Some of these additional measures we are looking at:

Incident report follow up: Case managers follow up with clients and their legal representatives after incidents that are related to suspected abuse, neglect, exploitation and abandonment within 30 days. Current trends are showing an increase in incidents that did not receive their required 30-day follow up. To make improvements in this area, we have made the following changes:

- Adjusted notifications to case managers for more timely follow-ups.
- Created reports to identify overdue follow-ups.

Total Incidents Requiring 30 Day Follow-ups Past Due at the End of the Month Every Quarter



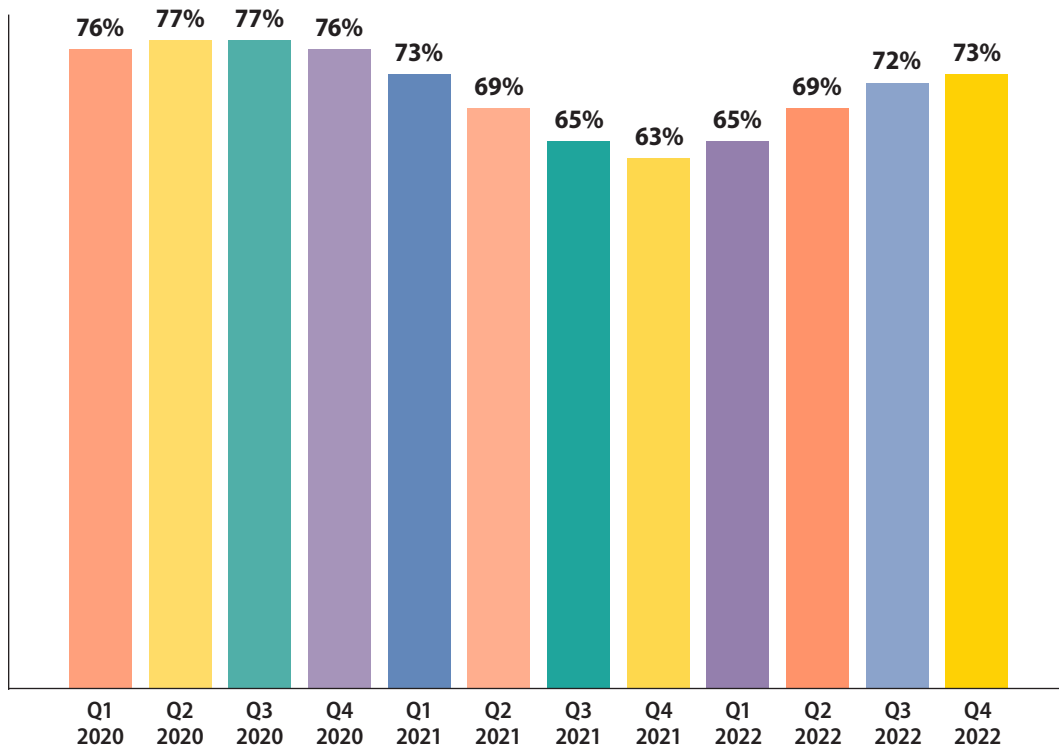
Data Source: Incident Report Database, February 2023

Dental Care: People who live in community residential: Supported Living, Group Home, Companion Home, and State-Operated Living Alternatives need regular dental care. The statewide average is 72%, and the goal is 80%. To make improvements in this area, we are recommending the following actions:

- Support providers with a list of dentists accepting new Medicaid clients.
- Survey providers to ask what barriers they are experiencing.
- Work with Health Care Authority to recruit more dentists to accept Medicaid clients.
- Survey people receiving community residential services to see what the barriers they are experiencing.
- Add dropdown box to assessment tool to better understand the barriers and reasons for a missed dental visit.
- Survey dentists to find what barriers they are facing to accept more Medicaid patients.



**Percentage of Clients Seeing a Dentist
Statewide SFY 2020-2022**



Data Source: CARE, February 2023

Putting our Vision into Action

Supporting people to live in, contribute to and participate in their communities:

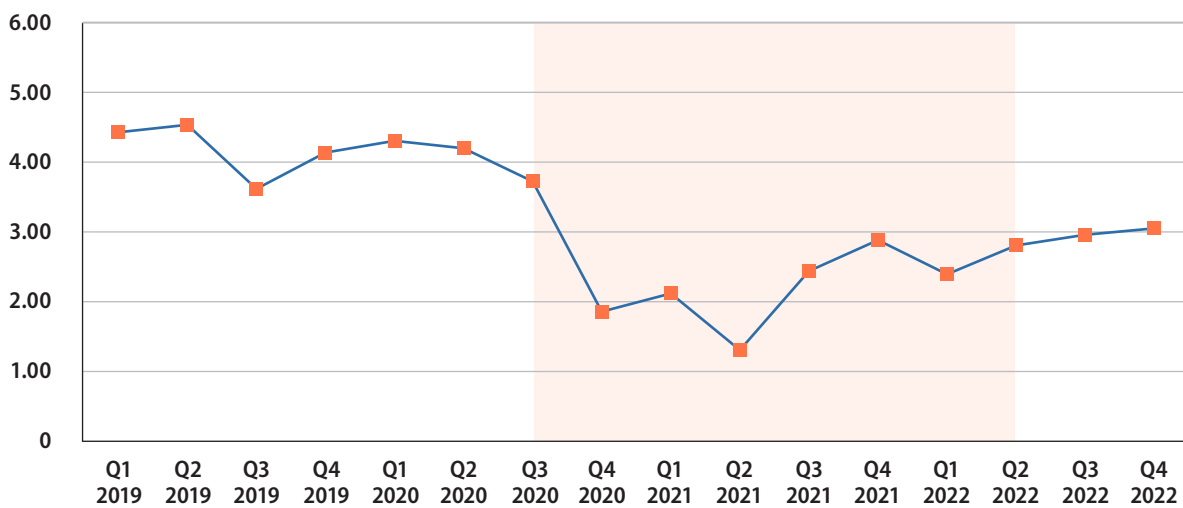
- Increase the amount of time people in community residential services spend doing activities that are meaningful to them outside of their home.
- Increase supported employment to pre-pandemic levels.
- Continue expanding tools and resources to providers so they have the support necessary to meet the needs of the individuals they support.

These along with additional measures continue to support us with our work towards our mission, vision and values.

Provider Survey

A survey is sent to Supported Living, State Operated Living Alternatives, Group Homes and Group Training Home providers each quarter. The survey gathers information on how many days during a week people receiving services went into their community to places such as a library, store or other location of their choice. While the number of outings per week dropped significantly during the COVID-19 pandemic, we are seeing this number increase slowly towards pre-pandemic levels. We have the goal of seeing individuals accessing their community at least five times per week.

Number of Days in a Week People in Community Residential Services Spend Doing Activities Outside of Their Home



Data Source: Provider Survey Results, January 2023

During the fourth quarter of 2022, approximately 17% of individuals surveyed went out into the community two times or less per week. We are following up by offering technical assistance to providers and to encourage conversations around the importance of offering choice for people to go out into the community. This survey is being updated in collaboration with stakeholders and people with lived experience to help us understand how to better use this survey and to make sure it reflects what is important to the person. Data from the revised survey will be shared in future quality assurance reports.

Employment Data

The information below is what we share as part of the National Survey of State Intellectual Developmental Disabilities Agencies for Day and Employment Services.

Number of Individuals Who Participate in Integrated Employment Services Provided by the State Intellectual and Developmental Disability Agency

	Washington 2020 Number	Percent	Nation 2020 Number	Percent
Total in day and employment services	9,469		650,057	
Total in integrated employment services	7,945	84%	140,871	22%
Total funding for day and employment services	\$62,376,147		\$9,831,791,085	
Total funding for integrated employment services	\$56,074,901	90%	\$829,343,028	10%

Data Source: State Data Info, March 2023

We contract with 39 counties to administer employment and day services in the community. Counties are required to evaluate providers once every two years to monitor contract compliance and quality of services. Providers complete self-evaluation surveys every two years. Counties are also required to review documentation from providers:

- Billing records.
- Staff background checks.
- Performance metrics.
- Organizational charts.
- Policies and procedures.
- Individual-related documents, such as case notes and plans.

We reviewed all Washington state counties' employment data over four state fiscal years. This quality assurance process has increased contract compliance as well as strengthened relationships between us and our county partners.



Continually improving supports to families of both children and adults:

Quality assurance is a continuous process. To ensure our programs and services meet individual needs, we use:

- Satisfaction surveys.
- Person-centered assessments.
- Quality compliance checks.

Some of the ways we work to provide a variety of services and supports needed to meet different needs is through:

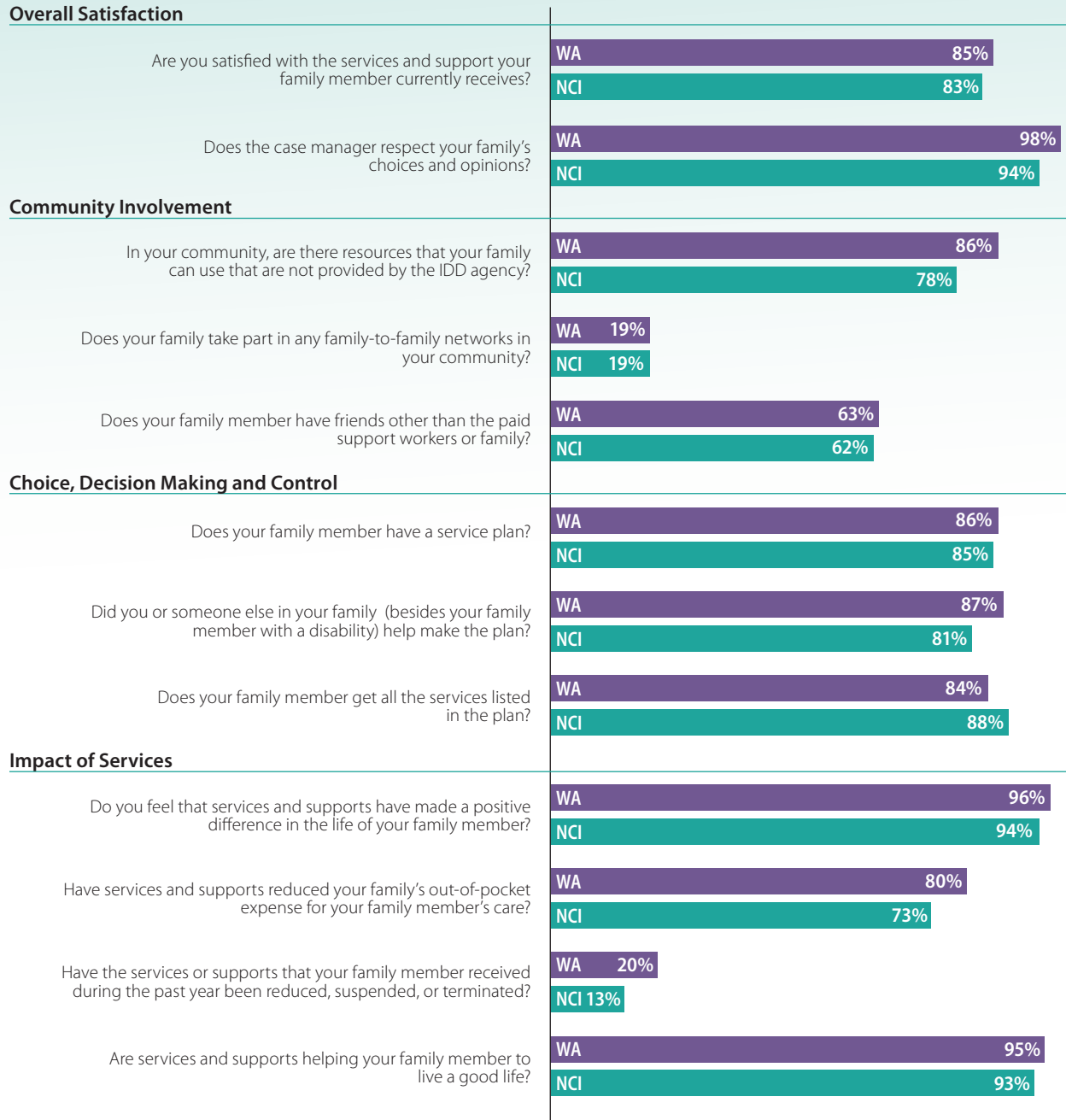
- Resource development.
- Specialized caseloads, such as the Enhanced Case Management Program.

National Core Indicators

National Core Indicators is a national survey for adults, children and families of those using our services. We participate in this survey and use the results to look at ways to improve services and increase quality of our supports. Below is a 2019-2020 comparison of Washington state survey against the national average. This is the most recent data available. There were not enough survey respondents in 2020-2021 for Washington to be included in the national average, most likely due to COVID-19.



National Core Indicators Adult Family Survey Results Washington Compared to National Average



Data Source: National Core Indicators 2019-2020 Adult Family Survey

We review the survey results to determine areas where we can improve. For the most recent survey we are focusing on the data from the question: Does your family member get all the services listed in the plan?

The NCI data is based on responses from families, and is different from data that we collect. We look at the Person-Centered Service Plan as a part of our Quality Compliance Reviews. This includes looking at the services in the Person-Centered Service Plan to ensure they were authorized and received by the person. As a person's needs change, the plan should change with the person. We continue to look at ways to ensure our services are delivered in a person-centered manner.

Roads to Community Living – Reinstitution Rate

There are times when someone, who has moved out of an institution (Residential Habilitation Center, Acute Care Hospital, etc.), returns to an institutional setting within the same year. It is important for us to know why some moves to the community are not successful and what we can do better support people during their first year.

Number of Individuals Who Returned to Institutional Setting within One Year After Transition to Community

Returned to institutional setting within one year after transition to community					
Reason for returning to an institution	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Total
Acute Care Hospitalization	0	2	5	3	10
By Request of Participant or Guardian	1	0	0	0	1
Deterioration in cognitive functioning	0	0	0	0	0
Deterioration in health	1	2	0	5	8
Deterioration in mental health	3	4	7	7	21
Loss of housing	0	0	0	1	1
	5	8	12	16	41

Data Source: CARE, January 2023

In State Fiscal Year 2022, mental health concerns were the top reason people's move to the community were unsuccessful during the first year. To address this, we:

- Implemented a transition caseload that identifies community providers and supports for the individual. A case manager is assigned to work with the person for 12 months after they move into the community.
- Determine eligibility for Medicaid and Medicare to ensure there is coverage in place.
 - Medicaid clients enrolled in a managed care plan are eligible for care coordination which provides identification and assistance to access physical and mental health providers.
 - Some Medicaid/Medicare (dual eligible) individuals are eligible for Medicare Advantage plans that also make care coordination available to Medicare clients.

We will be working to conduct in-depth interviews with people who return to institutions or similar settings in the future to better understand what supports could have helped them remain in the community.

Individualizing supports that empower individuals with developmental disabilities to realize their greatest potential:

- Working with the people we support to develop goals that they think are important.
- Expanding waiver services to provide more tools to the people we support.
- Requiring new case managers to participate in training by people with lived experiences on person-centered practices.

Assistive Technology

Assistive technology can be used in many ways to support someone to live as independently as possible. We received funds to buy 4,394 cell phones for people and providers. To date, we have purchased 3,300 iPhones with unlimited data, text and Wi-Fi hot spot capability. Over 1,000 of these phones have been distributed. The remaining phones are ready to be given out to people receiving services and providers who live in remote service areas. When the service plan for each cell phone has ended, T-Mobile will unlock the phone and the owner can continue using it with a carrier of their choice with associated fees.



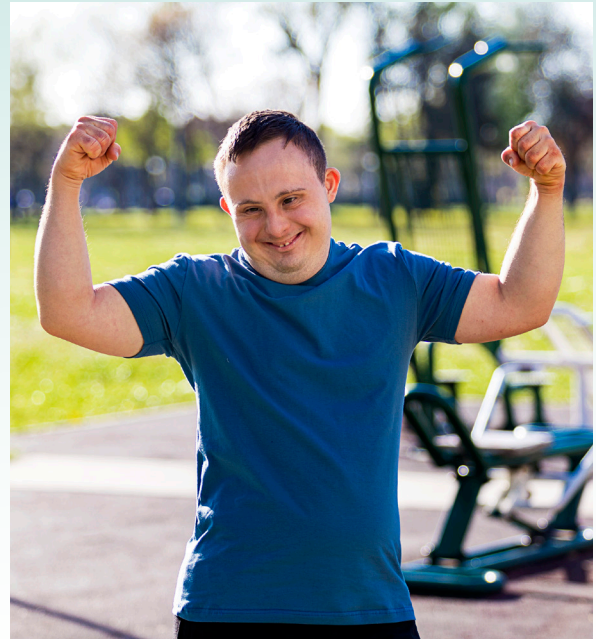
“The client had a soothing chair that played music, but the family didn’t have a music player that was Bluetooth compatible. They had asked the case manager for a Bluetooth music player, but then got the phone and realized it works perfectly! The client can enjoy the music in her chair.”

– Case manager

There are many types of devices available to support someone with communicating their needs. We get the word out about this service by emailing information through GovDelivery messages, trainings to our case managers and we are in the process of finalizing a policy regarding Assistive Technology. These efforts allow us to increase service use.

Building support plans based on the needs and strengths of the individual and the family:

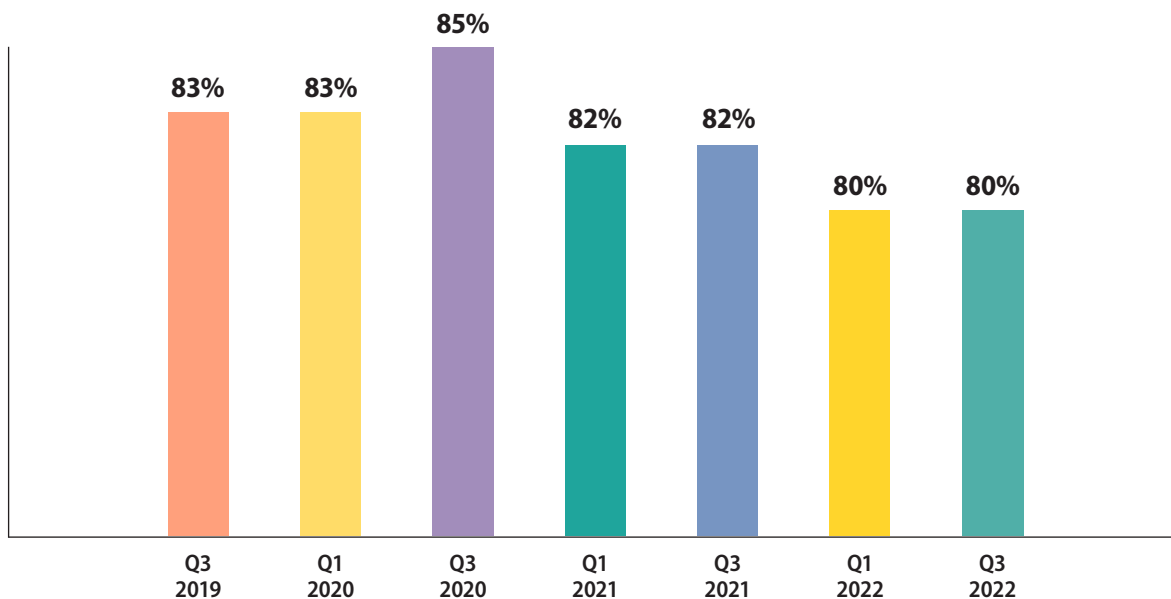
- Person-centered assessments.
- Individual Instruction and Support Plans created collaboratively between provider and the people they support.
- Functional Assessment.
- Positive Behavior Support Plans.
- Negotiated Care Plans developed with Adult Family Home providers, individuals and others the individual wants included.



Individual Instruction Support Plan

An Individual Instruction Support Plan is used as a tool by our community residential providers to create a plan with the individual to support them over the next year. These goals are called habilitative goals and their purpose is to support someone to acquire, retain or improve a skill. We review a random sample of these plans each year to see how people are making progress towards their goals. The goal of this evaluation is to find at least 85% of people making progress toward their goals. We are starting the process of Plan-Do-Check-Act to look into the drop over the last year. This process will include looking at the goal itself, making sure it is person-centered and something the individual wants, identifying the problem and moving toward a solution.

Evidence of Progress Toward Habilitative Goals



Data Source: Data Community Inclusion and IISP all samples, SharePoint, January 2023

Children’s Services

We work to help youth and their families get the support they need to succeed. The additional quality assurance supports we put in place include:

- Partnering with Health Care Authority to provide medically necessary physical and behavioral health benefits.
- Waiver supports that help the young person be successful in their home.
- Proactive collaboration if a youth comes into an emergency room setting for more rapid interventions.
- Collaboration with local health care systems to create a foundation of support for youth.
- Levels of case management support based on support needs.



Our case managers escalate cases to the Health Care Authority when there are barriers to accessing medically necessary or entitled benefits from the client’s Apple Health managed care organization. The process ensures the managed care organizations and HCA can track trends and act quickly to address barriers to accessing a client’s Apple Health benefits. One of the key benefits of Apple Health Managed Care is care coordination. This benefit is a wrap-around approach and brings together appropriate representatives from various service areas to plan and mitigate the risk of a client’s admittance to a hospital setting. Below, the data shows the number of requests for these wrap-around supports grouped by age. We supported 50 youth ages 5-20 years and 79 adults ages 21 and up. We continue to work to prevent youth from experiencing unnecessary hospitalization.

Number of Requests for Wrap-Around Supports



Data Source: DataMart CARE Data, February 2023

Engaging individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports:

We collaborate with people who have lived experience to ensure our system of supports continues to meet the identified needs. This includes engaging with people who have intellectual and development disabilities, their families, local service providers, communities, other stakeholders and governmental partners. Some of our partnerships include People First of Washington, who we work with on the Self-Advocate Advisory Committee to assure members are paid for their time. We also work with the Washington State Developmental Disabilities Council and Informing Families in making sure our messages are easy to read and understand and advocating for the IDD Community.

To ensure we reach all stakeholders, we look for ways to meet them where they are, such as through regular communication with people receiving services, families, providers and the public using GovDelivery email messages. Over the State Fiscal Year, we sent out 404 GovDelivery messages to the public. They covered various topics including information, resources and trainings. In addition, we have held roundtables, consultations, town hall meetings and distributed satisfaction surveys.

We regularly evaluate our services and look at ways to improve them by working closely with:

- Advocacy partnerships.
- Developmental Disabilities Council.
- The Office of Developmental Disabilities Ombuds.
- Federally recognized tribes and recognized American Indian organizations.
- Home and Community Based Services Quality Assurance Committee.
- Self-Advocate Advisory Committee.

Self-Advocate Advisory Committee

We partner and consult closely with many stakeholders and groups, such as Self-Advocate Advisory Committee. This committee is evolving into an active and engaged group that we look to as subject matter experts when developing policies and procedures. The advisory committee is drafting a charter to guide their work.

The advisory committee meets monthly, with eight to 12 members actively engaged in providing valuable input into our work. Each month the committee typically reviews and gives feedback on three to five different policies, programs, management bulletins, communications or similar items. The feedback from the committee has made a significant impact with projects. For example, when draft uniform quality assurance metrics were brought to the group, they gave clear input on how to make the metrics meaningful to the Intellectual and Developmental Disabilities community. We adjusted the metrics and returned to the group for their feedback. They appreciated us making changes and keeping them up to date on our progress.

We shared other proposals with the committee. They reported feeling heard and valued in this process. Their input helped us improve the quality of our services and supports with these specific projects:

- Including single person homes in our housing plan.
- Adding behavior support plans to the data tracked for quality.
- Strengthening the directive for case managers to return to in-person visits.



“Great! You were able to add in the changes that were suggested, and I think it will improve your reporting. It’s excellent.”

– Self-Advocate Advisory Committee Member

Thank you for taking the time to look at our quality assurance efforts. These ongoing efforts are important for a continuous cycle of quality improvement. We are working with DSHS’ Research Data Analysis to update this report and will expand upon our quality assurance efforts. This report will showcase the efforts of staff across our agency in transforming the lives of those who utilize our services.

Appendix

The information in the appendix is data we wanted to share to continue showcasing our efforts with Quality Assurance. This data is from State Fiscal Year 2022 (July 1, 2021–June 30, 2022).

Incident Monitoring

WORK	DETAILS	OUTCOME
9,841 critical incidents reported ⁱⁱ	<p>Top three areas:</p> <ul style="list-style-type: none"> • Natural disaster or environmental conditions threatening client safety or operation, such as COVID-19. • Hospitalizations - medical emergencies. • Neglect – by staff. 	<ul style="list-style-type: none"> • Provider monitoring. • Incident prevention. • Follow-up with client, legal representative, provider.
Mortality reviews conducted ⁱⁱⁱ	<ul style="list-style-type: none"> • Adult Family Homes: 46. • Group Homes: 15. • Residential Habilitation Centers: 12. • Supported Living (including State Operated Living Alternatives): 119. • Other: 2. 	<ul style="list-style-type: none"> • Nurse reviews. • Provider recommendations. • New provider trainings. • Care Provider bulletins.

Healthy and Safe Transitions

WORK	DETAILS	OUTCOME
<p>113^x clients supported to move into the community through Roads to Community Living</p> <p><i>Note: Despite COVID-19 restrictions, the Roads to Community Living Program moved more people in 2022 than in any other year in the 14-year history of the grant</i></p>	<p>113 moves from institutions to the community:</p> <ul style="list-style-type: none"> • 49 transitioned from Acute Care Hospitals. • Seven transitioned from Mental Health Hospitals. • 22 transitioned from Nursing Facilities. • 18 transitioned from Residential Habilitation Centers. • 17 transitioned from other facilities or institutional settings. 	<ul style="list-style-type: none"> • Clients live in the communities of their choice. • Choice of providers. • Clients live in homes like yours and mine.
<p>Mover's Surveys completed at 30 days, between 90-180 days, and at 11 months after relocating to a community setting^v</p>	<ul style="list-style-type: none"> • First Survey ~ 30 days after transition: 41 administered. • Second Survey ~ 90 days after transition: 21 administered. • Third Survey ~11 months after transition: 11 administered. <p><i>Note: Fewer Mover's Surveys were administered over the period when compared to previous years due to restrictions brought on by the COVID-19 pandemic.</i></p>	<p>Mover's Surveys from clients and families indicate a high degree of satisfaction with the community residential service provider throughout the first year:</p> <ul style="list-style-type: none"> • 87% indicated they were getting the help they needed to live the life they wanted to live. • 95% reported they were satisfied that the community residential program is meeting all of their needs.

Quality Management

WORK	DETAILS	OUTCOME
Quality Assurance at Rainier School	Developed and implemented a quality management system for Rainier School's Program Area Team C and PAT E	<ul style="list-style-type: none"> • Oversight of Center for Medicaid Services regulations. • Improved quality of care, quality of life for residents at Rainier School.
Pre-Admission Screening and Resident Review for Nursing Facilities	<p>Work with PASRR quality assurance as PASRR Data System developed and went to full implementation</p> <ul style="list-style-type: none"> • Visited six community nursing facilities in Region 2 to complete PASRR quality assurance audits. A total of 22 residents files and PASRR services were reviewed. 	<ul style="list-style-type: none"> • Oversight of Center for Medicaid Services and state PASRR regulations. • Ensured PASRR eligible residents received needed specialized services and equipment. - Improved quality of life and assisted in supporting professional services for residents.

Quality Assurance at the RHCs

Lakeland Village

WORK	DETAILS	OUTCOME
Process improvement	<ul style="list-style-type: none"> • Implement Quality Assurance Performance Improvement Plans. • Implemented Program Improvement Plans. • Integration of myUnity Electronic Health Records System. • Direct Care Staff Post Orientation Project. • Hospitalization Project. • Onboarding new staff. 	<ul style="list-style-type: none"> • Integration of myUnity Electronic Health Record system: Statewide project that is being implemented at all Residential Habilitation Centers. • Successful implementation of the Medication Administration Record for all residents. • Oversight to determine accurate documentation is occurring, records are being uploaded correctly and the system is operating as intended. • Direct Care Staff Post Orientation Project—to better help people adjust to a new cottage and provide them with sufficient, current and accurate information. The form includes diet texture, allergies, how the resident communicates, behavioral challenges, etc. • Hospitalization Project—to improve outcomes for residents during emergency room visits and hospitalizations, as well as to improve communication with outside providers. • Every resident will have an escort during their visit to advocate for the individual and facilitate communication between the hospital and Lakeland. • Onboarding of new staff—to improve the onboarding experience for all staff so they have what they need to be successful in their new positions. This is part of our retention efforts.
Monitoring	<ul style="list-style-type: none"> • Medication Errors. • Infections. • Incident Reporting. • Hospitalization. 	<ul style="list-style-type: none"> • Medication Errors. • Medication Cart Audits. • Incident Reporting. • Infections. • Staffing. • On time assessments. • Training. • Hospitalizations. • Acute Care Plans. • Target Behaviors.

Quality Assurance at the RHCs

Fircrest

WORK	DETAILS	OUTCOME
Process improvement	<ul style="list-style-type: none"> • Implement Quality Assurance Performance Improvement Plans. • Client Inventory—Fircrest first identified how client inventories were being completed in a non-standardized ways. The QA department collaborated with the Program Area Teams to make the client inventory more effective to use and maintain. • Resident Call Light Assessment System—Following a review of the Phase 3 Nursing Facility updates, the facility recognized the need to update how the facility addresses the resident call light system. There were discussions held to address call light assessment, the technology that is required to maintain our system, the need to update our call light maps for the units and ensure the communication system was working. • The Quality Assurance Department reviewed and revised the QAPI plan and report for the Nursing Facility in 2022. • Environmental Audits—The Quality Assurance Department worked closely with the Program Area Teams to update the environmental audits. • Program Improvement Plans. 	<ul style="list-style-type: none"> • Client Inventory—The form was updated, placed online and made more user friendly. • Resident Call Light Assessment System to support residents with their needs. • Quality Assurance Program Improvement—The updated QAPI plan and report are a more robust analysis and review of the Nursing Facility regulatory standards. They better ensure that vulnerabilities are identified and addressed in a timely manner. • Environmental Audits—The improved environmental audits more specifically address vulnerabilities and concerns for the two different types of buildings. They also better outline regulatory standards between the two Program Area Teams.
Monitoring	<ul style="list-style-type: none"> • Medication Errors. • Infections. • Incident Reporting. • Hospitalization. • Use of restraints. 	<ul style="list-style-type: none"> • Throughout the year the Quality Assurance Department works with the Program Area Teams monitoring their incident management. The Quality Assurance Department provides information on trends that may be occurring.

Quality Assurance at the RHCs

Rainier

WORK	DETAILS	OUTCOME
<p>Process improvement</p>	<ul style="list-style-type: none"> • Implement Quality Assurance Performance Improvement Plans. • Program Improvement Plan. • Staffing. • Behavior Response Team. • Charts not returned to homes. 	<p>Staffing:</p> <ul style="list-style-type: none"> • Holding two New Employee Orientation classes per month for new hires. • Created a hiring committee for recruitment. • Reviewed and resolved workload of staff to alleviate high workload times to retain staff. <p>Behavior response:</p> <ul style="list-style-type: none"> • Established written program instructions for the Duty Office that provide clear direction on how to assign or reassign Behavior Response Team responsibilities based on staffing. • Established clear written instructions for every house that provided clear direction on how to identify when BRT responsibilities will negatively impact staffing coverage. • Guidance on how to mitigate below minimum staffing levels when Behavior Response Team has been assigned. • Created and implemented appropriate staffing plans campus wide that will address BRT requirements. • Charts at homes identified number of staff that should make up a Behavior Response Team during and after normal business hours. <p>Charts at homes</p> <ul style="list-style-type: none"> • Standard Operating Procedure 1.26 Client Records was revised to include a process about charts being checked out and returned to the living units. • Quality assurance staff will review the SharePoint calendar for all on-grounds appointments and review the documentation ensure the policy is being followed.
<p>Monitoring</p>	<ul style="list-style-type: none"> • Medication Errors. • Infections. • Incident Reporting. • Hospitalization. 	<p>Updated the following Standard Operating Procedures and completed trainings for each:</p> <ul style="list-style-type: none"> • SOP 4.12 Infection control surveillance program. • SOP 4.13 Employee health communicable disease. • SOP 4.20 Tuberculosis. • SOP 4.22 Immunization for clients' procedures. • SOP 4.34 Antibiotic Stewardship program. • SOP 4.36 Monkeypox virus response.

Quality Assurance at the RHCs

Yakima Valley School

WORK	DETAILS	OUTCOME
Process improvement	<ul style="list-style-type: none"> • Implement Quality Assurance Performance Improvement Plans. • Implemented Program Improvement Plans. 	<ul style="list-style-type: none"> • Streamlined assessment due calendar across all professional staff (Occupational Therapy, Physical Therapy, psych, recreation, dietary, social services). • Multiple monthly checks on cottage –cleanliness, safety, staff interaction/question. • Staff gained familiarity with MyUnity/assessment format. • MyUnity audits on support services annual assessments and quarterly reviews. • MDS audits for reports to Resident Care Coordinator RN3s re: missing documents. • Specifically review each employee assault for antecedent, patterns, and future prevention.
Monitoring	<ul style="list-style-type: none"> • Medication Errors. • Infections. • Incident Reporting. • Hospitalization. 	<ul style="list-style-type: none"> • Quarterly QAPI meetings to review facility metrics. • Monthly falls, incident report, and medication error meeting reviews.

Statewide Investigations

WORK	DETAILS	OUTCOME
Statewide investigations at Residential Habilitation Centers	<ul style="list-style-type: none"> • 133 investigations conducted. • Most investigations opened and closed within five working days. • The top three investigative types were: <ul style="list-style-type: none"> - Neglect. - Physical Abuse. - Mental Abuse. 	<ul style="list-style-type: none"> • More than 90% of Statewide Investigation Unit investigations collected sufficient evidence to answer the primary investigative question.

Quality Compliance Reviews

WORK	DETAILS	OUTCOME
Annual regional and statewide monitoring	<ul style="list-style-type: none"> • All three regions visited. • 642 client files reviewed.^{vi} • Randomly selected sample size of clients that ensures a 95% confidence level of findings. 	<ul style="list-style-type: none"> • Corrective action plans. • Improved services. • Targeted trainings.

ⁱ Data from Caseload and Cost Report Fiscal Year 2022

ⁱⁱ Incidents by Incident Type, Incident Reporting application

ⁱⁱⁱ Mortality Review Log, SharePoint

^{iv} RCL moves from SFY 2022 from CARE

^v Mover's Survey Database

^{vi} QCC 2021/2022 Waiver CFD File Review SharePoint



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