



Beatrice State Developmental Center Quality Improvement

While each of the five Intermediate Care Facilities (ICFs) on the BSDC campus has its own internal quality and compliance functions, BSDC has a Quality Improvement team that operates independent of the five ICFs. The Division developed this team, to ensure the long-term sustainability of the progress at BSDC. This team is divided into two focused areas: quality improvement and human legal rights and advocacy.

Compliance/General Quality Improvement

The Quality Improvement Team is led by the Quality Assurance Coordinator and has four areas of focus: regulatory compliance, individual supports, incident management, and medical services. The compliance and regulatory area is staffed with 5 Compliance Specialists, one assigned to each ICF. The Compliance Specialists have had extensive training in the rules and regulations for intermediate care facilities for both the State of Nebraska and CMS Title XIX. The compliance specialists know the rules, understand how to interpret the rules, know how they apply to everyday tasks, and they are able to coach and mentor the direct care staff to ensure they are providing the best support under these guidelines. When the compliance specialists are not teaching, they serve as internal auditors and conduct regular surveys on campus using self-audit tools. The results of the self-audits are tracked, action plans written, and analyzed as part of the quality improvement process.

The Quality Improvement team has developed monitoring tools to assess all areas and levels of services provided in the ICFs. The Compliance Specialists conduct monthly audits of the ICF to which they are assigned. They then provide feedback to the ICF Administrator so that improvements can be made timely. On a quarterly basis, the Compliance Specialists each audit an ICF to which they are not normally assigned; this ensures that each ICF is reviewed routinely by a “fresh set of eyes.” The quarterly audit (consisting of 165 points of service) is part of the QI plan for each ICF. The quarterly audits are then compared with the monthly audits to ensure the consistency and quality of the team’s work product.

The individual support area is led by a Qualified Developmental Disability Professionals Coordinator (Q Coordinator). This position provides support, mentoring and training to the Qualified Developmental Disability Professionals (QDDPs) for all ICFs on the BSDC campus. The Q Coordinator teaches the QDDPs how to interpret the Title XIX regulations, and how to apply them to ensure the best quality of care and support to the individuals who live here. This position also ensures that we have good communication and consistency of information between the QDDPs. The person in this position acts as a liaison between other departments and the

QDDPs to ensure that information is shared accurately across all areas. The Q Coordinator also audits the IPP plans and habilitation records as part of the team's quality checks.

The incident management team and the medical services QI team analyze all reported incidents and medical indicators to determine the root cause and identify training needs, recommend changes in policy or process, and identify systemic issues.

The BSDC Quality Improvement Plan consists of 50 quality indicators that are monitored on a quarterly basis by the facility Quality Improvement Committee. Each department also has a quality plan that is monitored at the department level. The facility quality indicators were selected after a review of regulatory requirements and discussions with each department. The data for each quality indicator is summarized and reported to the facility QI Committee. The Quality Improvement team identifies trends, patterns, or areas of concern and these are brought to the QI Meeting and discussed. Action plans are created to address identified concerns. Each quarter, action plans are reassessed to ensure that progress is made, certification is sustained, and excellent support is provided to each individual on the BSDC campus.

Included herein is a sample "Dashboard," which is a summary report prepared as part of the quarterly Quality Improvement Report. The Quality Improvement team will continue to perform compliance activities on the BSDC campus and will annually assess the quality indicators to determine if adjustments are warranted.

Human Legal Rights and Advocacy

The Human Legal Rights and Advocacy (HLRA) team is responsible for ensuring that individuals living at BSDC are afforded basic human rights, and that their legal rights are not restricted without appropriate review (as required by state and federal regulations). The committee consists of a behavior support and training expert, a member of the parent/guardian group, a community member, and professionals in the developmental disabilities field such as Direct Support Professional, Home Leader, and Qualified Developmental Disabilities Professional (QDDP).

A significant rights restriction in an ICF environment is the use of physical, chemical, and mechanical restraints. BSDC has diligently worked to reduce restraints since 2007, and the HLRA team has played an integral role in this effort. HLRA has partnered with the Quality Improvement and Training teams to work with staff all across the BSDC campus to create a culture that values the people living at BSDC as individuals and focuses on person-centered practices and positive behavioral supports. Statistical data related to restraint usage at BSDC is included herein.

The HLRA Coordinator also leads an advocacy group on campus, consisting of individuals who live at BSDC. The group provides a formalized avenue for individuals to express concerns and provide input for consideration on facility practices and policies. This position also works with individuals to support them in developing self-advocacy skills.

Mechanical Restraint Usage at BSDC

Time Period	3rd Q 2011	4th Q 2011	1st Q 2012	2nd Q 2012	3rd Q 2012
Average Daily Census	153	147	140	136	136
# People who used mechanical restraint	7	1	0	0	0
% People who used mechanical restraint	4.6%	0.7%	0.0%	0	0
# of Instances of Mechanical restraint Use	20	1	0	0	0
Average instances based on total census	0.1	0.0	0.0	0	0
Average instances for those who used Mechanical restraint	2.9	1	0.0	0	0
Total minutes in mechanical Restraint	903	2	0	0	0
Average minutes based on total census	5.9	0.0	0.0	0	0
Average minutes for those who used Mechanical restraints	129.0	2.0	0.0	0	0

Physical Restrain Usage at BSDC

Time Period	3rd Q 2011	4th Q 2011	1st Q 2012	2nd Q 2012	3rd Q 2012
Average Daily Census	153	147	140	136	136
# People who used Restraints	17	14	12	11	11
% People who used Restraints	11.1%	9.5%	8.6%	8.0%	8.0%
# of Instances of Restraint Use	193	48	76	27	22
Average instances based on total census	1.3	0.3	0.5	.20	.16
Average instances for those who used restraints	11.4	3.4	6.3	2.5	2
Total minutes in Restraints	1714	279	346	101	166
Average minutes based on total census	11.2	1.9	2.5	.74	1.2
Average minutes for those who used restraints	100.8	19.9	28.8	9.18	15

Attachments

Attachment A: QI Dashboard Report

Attachment B: Quality Plan Update