

Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered including:

Non-Reportable Incidents

1). Issues are identified

- a. Of 65 individuals funded by the Department of Behavioral Health and Developmental Disabilities in the 2nd quarter, 3 files were reviewed on July 25, 2013. All files were present and well organized but 1 needed some information added. File (6546) needed some documentation in the file and has been corrected. 2 files (8856) and (1167) had no issues. There were 6 admissions in the 2nd quarter. 1 Individual (9988) was terminated during the 2nd quarter due to death.
- b. Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, Injuries and Falls.
- c. 6 individuals had non-reportable incidents during the 2nd quarter: April, 2013 through June, 2013.
- d. 1 Individual (5734) had more than 5 non-reportable incidents in a month during the 2nd quarter. Individual (5734) had 11 seizures in April, 8 seizures in May and 9 seizures in June. All of the seizures were each under 1 minute. Individual. (2685) had self abuse and aggression. The Behavior Analyst completed an assessment on May 13, 2013 and wrote an internal Behavior Support Plan and staff training was completed. The BSP would be implemented in July 2013.

2). Solutions are implemented

- e. The family of Individual (5734) were notified of the seizures.

3). New or additional issues are identified and managed on an ongoing basis

- f. The QI minutes reflects the 2nd quarter reporting for the review of Department of Behavioral Health and Developmental Disabilities individuals and their services. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.

4). Internal structures minimize risks for individuals and staff

- g. On-going staff training and focus groups are provided on reporting incidents and protection from harm.
- h. Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.

- i. Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

5). Processes used for assessing and improving organizational quality are identified

- j. QI Committee meets quarterly to review all incidents and make recommendations.
- k. More than 5 incidents each month for any quarter results in follow-up review and documentation. The family of Individual (5734) has taken him to the Doctor for medication review and changes, (5734)'s VNS was adjusted and this will often cause an increase in seizure activity. The Doctor's appointment was on April 23rd with a follow up on May 6, 2013.

Reportable Incidents

1). Issues are identified

- a. There were 3 Reportable Incidents in the 2nd quarter: File (9988) for death, (9339) and (3876) Investigation for verbal abuse and (2685) for behavior resulting in injury to staff.

2). Solutions are implemented

- a. None required – as a result of the investigation the following recommendations were made: reminder to all Direct Support Professionals that Individuals should not be taken to the staff's personal homes, cell phones should not be used while driving and the Individuals should be encouraged to make their own scheduling decisions.

3). Any new or additional issues identified – None

4). Internal structures minimize risks for Individuals and staff

- a. No changes required

5). Processes used for assessing and improving organizational quality are identified

- a. The Incident Management Committee is used to review all incidents and to ensure there is no further action to be taken for the incident. None were determined to be needed in this quarter.

Accidents

There was 1 non reportable accident to report for the 2nd quarter of April, 2013 through June, 2013. Individual (3126) had 1 fall but no injuries were reported.

Complaints

There was 1 complaint to report for the 2nd quarter of April, 2013 through June, 2013. The Support Manager for Individual (8341) issued a 3 rating for not reporting on the correct goals, this has been corrected.

Grievances

There were no grievances to report for the 2nd quarter of April, 2013 through June, 2013.

Individual Rights Violations

There were 2 restrictive interventions utilized in the 2nd quarter that were reviewed by the Human Rights Committee. There is a pending admission for (3818) that will require a Human Rights Approval for a Gait Belt. During the 2nd quarter this Individual (3818) only attended a few days due to having a second surgery so Human Rights Approval has not been requested. Individual (5734) should have returned to Human Rights for approval in June, 2013 for a lap belt and gait belt but this was not completed, will be done in the 3rd quarter. Individual (2685) was approved in May, 2013 for Protective Devices of a helmet, socks and arm immobilizers. In July Human Rights will review for him a Behavior Support Plan with protective devices, tumble form chair and manual hold. Individual (6546)'s restriction for the locked bathroom has been lifted and does not require Human Rights approval.

Practices that limit freedom of choice or movement

1). Issues are identified

- a. There were no falls in the 2nd quarter for Individual (5734). Individual (2685) scratches himself and bangs his head.

2). Solutions are implemented

- a. The Human Rights Committee approved the request in the second quarter, June, 2013, for a gait belt to be worn while ambulating and a lap belt around his chair while he is sitting. The committee approved this request for one year. These two limits to the freedom of his movement should have been taken to HRC in June, 2013 but was not so this will be completed in the third quarter.

3). New or additional issues are identified and managed on an ongoing basis.

- a. For the 2nd quarter of April, 2013 through June, 2013 the Individual (5734) has had 28 seizures with no reports of him falling from his chair and has had no falls while having a seizure or ambulating. There are no other issues that have occurred with the gait belt or lap belt.

4). Processes used for assessing and improving organizational quality are identified

- a. The Human Rights Committee monitors the restriction of freedom of movement. The decision of continued approval for the gait belt and lap belt will be based on the information documented in the daily notes and tracking forms.

Medication Management

Medication Administration Records were reviewed by the RN Nurse and no medication variances were found for the 2nd quarter of April, 2013 through June, 2013.

Infection Control

There were no Infection Control issues for the 2nd quarter of April, 2013 through June, 2013.

Individual (8383) had a sore on his leg that was not healing due to him not allowing a bandage to be placed on the wound therefore he can not wear clothing on this leg. He was at home and is monitored by a Home Health Care Agency. There had been no infection in the leg and individual has returned to work as of April, 2013.

Behavior Support Plan Tracking and Monitoring

1 Individual served (2685) had a Behavior Support Plan written during the 2nd quarter April, 2013 through June, 2013. Staff was trained and the BSP was to be implemented in July, 2013.

Breaches of Confidentiality

There were no known breaches of confidentiality for the 2nd quarter of April, 2013 through June, 2013.

Health and Human Rights of persons with Developmental Disabilities

1) Issues are identified

- a. In the 2nd quarter of April, 2013 through June, 2013 there were no incidents of physical aggression that needed follow up.
- b. Individual (9352) had a shunt replaced in May, 2013 – continues to be absent but is doing well. Individual (1048) went to the emergency room for seizures and had a seizure at the hospital, blood pressure was also low. Tests result were normal but was referred to PCP for an ear infection.
- c. There were no incidents of physical aggression noted in the 2nd quarter.

2) Solutions are implemented

- a. No physical aggression noted in 2nd quarter.

3) New or additional issues are identified and managed on an ongoing basis

- a. The QI minutes reflect the 2nd quarter reporting for the review of the Department of Behavioral Health and Developmental Disabilities individuals and their

services. All issues cited in these minutes are either new or continuation of existing issues. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.

4) Internal structures minimize risks for individuals and staff

- a. Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
- b. Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

5) Processes used for assessing and improving organizational quality are identified

- a. QI Committee meets quarterly to review all incidents and make recommendations.
- b. More than 5 incidents each month for any quarter results in follow-up review and documentation

Indicators of Performance

1). There was 1 Individual (5734) who had more than five (5) incidents in one month in the 2nd quarter.

- i. Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.
- ii. Measurements will be tabulated during the quarterly summaries and by the QI Committee.
- iii. QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.
- iv. Issues will be reported on and followed through resolution. Goals and expectations will be documented in QI minutes quarterly.

2). No additional outcomes are needed.

3). QI minutes are distributed quarterly by posting them on our website and making them available in writing to anyone that desires they not be in electronic form. This ensures the following has access to this report:

- v. Individuals served or their representatives as indicated
- vi. Organizational staff
- vii. Board of Directors

viii. Other Stakeholders

4). Human Rights restriction has been addressed on 1 individual (5734) due to the restriction of their freedom of movement.

- ix. Data collection will continue to occur through the daily notes and monthly tracking form
- x. Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee
- xi. Human Rights Committee will evaluate the data and recommend the approval for the gait belt and lap belt for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee
- xii. The target goal will be to reduce any risk of falls to the Individuals (5734) and (3818) by the use of the gait belts and lap belt. The goal is to always maintain no falls.

The organization's practice of cultural diversity competency is evident

- a. Staff articulates an understanding of the social, cultural, religions, other needs and differences unique to the Individuals.

All staff working with Individuals have completed the cultural diversity training through the College of Direct Support and/or classroom training. This training is documented.

- b. Staff honoring these differences and preferences (such as worship or dietary preferences) in the daily care of the individual

Differences and preferences have been honored as evident by the individual supports being provided as outlined in ISPs.

- c. The inclusion of cultural competency in Quality Improvement Processes

During this 2nd quarter of April, 2013 through June, 2013 there were 2 activities held to help promote cultural competency and diversity. On May 31, 2013 a "Block Party" was held with Memorial Hospital to promote Healthy Living. This involved demonstrations of healthy issues and how they relate to various backgrounds, cultures and prevention. Healthy activities were available for all to participate and health screenings were performed.

On June 19th the Dixie Land Youth Group performed music demonstrating various music styles. This gave everyone an opportunity to experiment and participate in various music styles of interest, by various diverse groups.

Each quarter the QI Committee will present an activity that demonstrates cultural diversity to the staff and individuals. This will be a learning opportunity and an appreciation for others.

The organization has an advisory board made up of citizens, local business providers, individuals and family members

a. Meets at least semi-annually –

On April, 2013 there was a meeting of the Georgia Advisory Committee along with the Catoosa County Chamber of Commerce Ribbon Cutting of the Georgia Office. OGC Board Members as well as Georgia Business Leaders were present at this meeting. New businesses were given the goals of the proposed Georgia expansion and a report of past activities. See minutes of this meeting.

b. Review of items such as but not limited to:

- i) Policies
- ii) Risk Management Reports
- iii) Budgetary issues

c. Provides objective guidance to the organization

The Orange Grove Center Board of Directors is very active and meets monthly as a Board as well as members of the Board meets regularly with Program Committees. The Board of Directors maintains an excellent relationship with the staff and Individuals served.

Additional Quality Improvement in the Second Quarter:

- a. Expanded the Vocational Volunteer programs in Ringgold with the new opportunities such as YMCA Lunch Program, recycling for the Ringgold Telephone Company, and Recycle Express for four Georgia Customers.

Those present for the Second Quarterly meeting of 2013 were Tera Roberts, Tammy Hustad, Gina Selby, Cathy Durham, Darcy Owens, Misti Gipson, Jenny Foster and Shannon Witt.