

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

Non-Reportable Incidents

A). Issues are identified

- 1) Of 80 individuals funded by the Department of Behavioral Health and Developmental Disabilities in the 1st quarter, 4 files were reviewed on April 16, 2014. Files (56), (8405), (3620), and (6227) were present and well organized. There was 1 admission in the 1st quarter.
- 2) Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, Injuries and Falls.
- 3) 10 individuals had non-reportable incidents during the 1st quarter: January, 2014 through March, 2014.
- 4) 2 Individuals (2412) and (2685) have had more than 5 non-reportable incidents in a month during the 1st quarter. Individual (2412) had 12 in January, 25 in February and 22 in March self abuse occurrences and had 3 aggression occurrences during the months of January through March. Individual (2685) had 20 in January, 40 in February and 55 in March self-abuse occurrences and had 105 aggression occurrences during January through March. The internal Behavior Support Plan that was implemented on July 2013 is still in place and with his change of environment (classroom) this has resulted in decreased behaviors.

B). Solutions are implemented

Individual (2412) was introduced to a walking program but has had no affect on self abuse decreases as of now. A circle of support will be scheduled to discuss a possible Behavior Support Plan to be put in place. Individual (2685) self abuse and aggression behaviors are decreasing due to the effectiveness of the Behavior Support Plan which will continue. Ongoing staff training and internal Behavior Support Plan oversight by the Behavior Analyst, Families and the Support Coordinators will continue for these individuals: (2412), (2685).

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

The QI minutes reflects the 1st 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.

D). Internal structures minimize risks for individuals and staff

- 1) On-going staff training and focus groups are provided on reporting incidents and protection from harm.
- 2) Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
- 3) Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

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

- 1) QI Committee meets quarterly to review all incidents and make recommendations.

More than 5 incidents each month for any quarter results in follow-up review and documentation. With increased staff monitoring, staff training and classroom changes for individuals (2685) and (2412) have resulted in decreased behavior occurrences.

Reportable Incidents

1). Issues are identified

There was 1 Reportable Incident in the 1st quarter: An incident that happened on February 24, 2014 on Individual (2455) was submitted to the Department of Behavioral Health and Developmental Disabilities. Plan of Correction was setup to prevent this happening in the future, issues identified were staff neglect, consider a requirement that riders remain on the bus until completion of the route, ensure all absences of individuals transported by Orange Grove Center are reported by classroom teachers to transportation office staff when route is completed, ensure that absent individuals never boarded a bus, buses are equipped with communication devices; having bus drivers report to transportation office the absence of individuals if not picked up by bus route to Orange Grove.

2). Solutions are implemented

Termination of staff who neglects an individual, driver must show a second check has been completed each morning to transportation office staff, each driver submits an individual list of those not riding each day to transportation office staff, each classroom teacher/support manager will call transportation office staff if someone is not in attendance without prior family notification, (the teacher/support manager will have the responsibility for an emergency bus check if transportation reports the individual rode the bus), each weekday designated specific staff does a check on all parked buses on the campus between 9-10 with documentation that buses are empty and the "Check Seat" sign are placed correctly in the front of the buses, and radios are used as necessary but daily written documentation will be provided.

3). Any new or additional issues identified

None

4). Internal structures minimize risks for Individuals and staff

Second person is needed to check all seats in buses, absences have to be identified, ensure absent individuals never boarded a bus, and to prevent individuals being unattended on a vehicle.

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

The Incident Management Committee is used to review all incidents and to ensure there is no further action to be taken for the incident. Second person is needed to check all seats in buses, absences have to be identified, ensure absent individuals never boarded a bus, and to prevent individuals being unattended on a vehicle.

Accidents

There were 2 non reportable accidents to report for the 1st quarter of January, 2014 through March, 2014. Individual (1512) arrived at day program with an open knee wound, the program coordinator notified individuals caregiver to find out if it was a fall at home or while getting on the bus, caregiver was not sure. Orange Grove nurse did an internal investigation and was not clear of cause or location of incident, documented in file. Individual (7571), was pricked by a sharp object on January 23, 2014, through his protective industrial gloves while working in recycling and was taken to Occupational Health at Parkridge Medical Center for medical treatment involving a puncture wound, he received minor first aid. Individual was taken on March 11, 2014 for six weeks follow up, had blood work done, showed no bacteria infections, will have another follow up appointment to be setup within the next three to six months.

Complaints

There were no complaints to report for the 1st quarter of January, 2014 through March, 2014.

Grievances

There were no grievances to report for the 1st quarter of January, 2014 through March, 2014.

Individual Rights Violations

There were no restrictive interventions in the 1st quarter that needed to be reviewed by the Human Rights Committee.

Practices that limit freedom of choice or movement**1) Issues are identified**

There were no issues identified in the 1st quarter for Individual (5734). Individual (2685) had issues of self abuse and aggression.

2) Solutions are implemented

Individual (2685) continues to be under supervision of a Behavior Analyst.

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

There are no other issues that have occurred.

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

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. The decision of continued approval for the protective devices will be based on the behavior data.

Medication Management

Medication Administration Records were reviewed by the RN Nurse and no medication variances were found for the 1st quarter of January, 2014 through March, 2014.

Infection Control

There were 1 Infection Control issues for the 1st quarter of January 2014 through March, 2014.

Behavior Support Plan Tracking and Monitoring

1 Individual served (2685) continues to have a Behavior Support Plan in place during the 1st quarter January, 2014 through March, 2014

Breaches of Confidentiality

There were no known breaches of confidentiality for the 1st quarter of January, 2014 through March, 2014.

Health and Human Rights of persons with Developmental Disabilities

1) Issues are identified

- a. In the 1st quarter of January, 2014 through March, 2014 there were 105 incidents of physical aggression towards staff in January (10), February (40) and March (55) from Individual (2685). The increase is due medical issues.
- b. There were 105 incidents of physical aggression noted in the 1st quarter.

2) Solutions are implemented

Behavior Support Plan that was implemented continues and the environment change appears to be working in the 1st quarter.

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

The QI minutes reflect the 1st 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 2 Individuals, (2685) and (2412), who had more than five (5) incidents in one month in the 1st quarter.**

- a. Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.
- b. Measurements will be tabulated during the quarterly summaries and by the QI Committee.
- c. QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.
- d. 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:

- a. Individuals served or their representatives as indicated
- b. Organizational staff
- c. Board of Directors
- d. Other Stakeholders

4). Human Rights restriction continues to be addressed on 2 individual, (5734) and (2685), due to the restrictions of their freedom of movement.

- a. Data collection will continue to occur through the daily notes and monthly tracking form
- b. Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee
- c. Human Rights Committee continues with 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
- d. Human Rights Committee continues with the approval for the protective devices for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee.
- e. The target goal will be to reduce the act of self abuse and physical aggression for (2685) by the use of protective devices and the behavior support plan.

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 1st quarter of January, 2014 through March, 2014 there were several activities including: a Valentines Day Dance on February 14th, Developmental Disabilities Day on February 20th, Angry Birds Tournament on March 6th, a St. Patricks Day Dance on March 8th, Swimming Special Olympics Day on March 13th.

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 –Nothing to report this quarter.

Review of items such as but not limited to:

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

- b. 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 First Quarter:

Five individuals participated in Special Olympics bowling practices and tournaments. Management staff attended lean management training to help support our individuals in work environments. We continue researching laundry service as a future business line for North Georgia, we have acquired equipment hookups. Continue volunteering opportunities with NCIC located at Ringgold United Methodist where individuals pack weekend meals and snacks for two elementary schools. Georgia individuals receive services through Northwestern Technical College in Rock Springs, GA, getting their hair washed, trimmed and styled or getting manicures and pedicures or all if they desire, each service cost \$2.00. February 20th, 2014 staff took twelve individuals to the Developmental Disabilities Day in Atlanta, GA; each client received a T-Shirt and lunch.

Those present for the First Quarterly meeting of 2014 were Cathy Durham, Darcy Owens, John Tompkins, Jasmine Seals and Shannon Witt.